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THE

MONTHLY HOMŒOPATHIC REVIEW.

EDITED BY

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AND

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THE MONTHLY

HOMŒOPATHIC REVIEW.

—:o:—

SOME REFLECTIONS UPON HOMŒOPATHY IN EIGHTEEN HUNDRED AND NINETY-FOUR.

On the threshold of another year, we may, by reviewing some of the events and circumstances attending that which has passed, endeavour to learn lessons calculated to render the work which lies before us more perfect, more useful, and more fruitful of good, than has been that which has marked the days that are gone.

The practice of the arts of medicine and surgery forms a wide subject; and, as the sciences upon which they are founded are developing and growing at an ever increasing rate, it is rapidly becoming wider than ever. Hence, in both medicine and surgery, we find specialism increasing; we see physicians and surgeons, both in the Metropolis and in the larger cities of the country, betaking themselves in increasing numbers to limiting their attention to the treatment or care of one class of disorders, or to the study of the diseases of one organ of the body. While apt to have a contracting influence upon the mind of the specialist, this division of labour is doubtless of immense service to the general practitioner. The specialist of our time has, indeed, in a very great measure, supplanted the consulting physician of the last generation. Not only is there specialism in the practice of our art, but in the investigation of those sciences, and in the study of those departments of learning upon which our art is built. This has always been more or less the case, but now it is even more generally so, and is largely aided by periodicals devoted, more or less, to one department of enquiry. Here, too, it is necessary for each to guard

against the natural tendency to minimise the importance of everything outside of that department he is interested in. In the early history of homœopathy and indeed until comparatively recent times, those who have practised homœopathically have, from the circumstances of their environment, to some extent suffered from this tendency. Their time was once so fully occupied with defending and cultivating the truths they had adopted, truths which they had seen such abundant reason to cherish, that they have, perhaps, been too much absorbed by its claims on their attention; while their exclusion from general medical societies has further tended to narrow that breadth of view and liberality of thought so essential to real medical culture.

As year after year passes away, as our own medical societies increase and prosper, we see with pleasure, that all narrowness of this kind is being left behind, that every branch of medical study, every advance of science, is as warmly welcomed and as diligently studied by the homœopathic as by the non-homœopathic physician. The polemical warfare which has been forced upon us, though its *raison d'être* has not entirely ceased, is much less in our thoughts, much less called for than it was. There is not much to disturb our serenity or interrupt our studies nowadays beyond the sneers of the *Lancet*, the misrepresentations of the *British Medical Journal*, or an occasional illustration that the spirit of tyranny, which some years ago was rampant in all medical societies, and among all non-homœopathic practitioners, is not dead; the opposition to homœopathy and to those medical men who practise homœopathically, is now infinitely less demonstrative than it was, even so lately as the date of the *Odium Medicum* correspondence in *The Times*.

As the strife rendered necessary by the conduct and tactics of our opponents in years gone by has diminished, the cultivation of science by homœopathic practitioners has increased; a broader tone of thought has become apparent amongst them; a more careful and exact definition of the sphere of drugs in the treatment of disease, and of the application of homœopathy in the selection of them, now characterises the study of those who contribute to the development of therapeutics through our societies and journals.

Homœopathy has during 1894, according to our oppo-

nents, been "dying" as usual. It has been dying for at least forty years; and we doubt not that it will continue to die until it is taught as the basis of scientific drug-therapeutics by every medical school and illustrated in the clinical teaching of every hospital in the country. Then it will be quite dead! The departure from amongst us of the genial poet and would-be medical seer of fifty years ago—OLIVER WENDELL HOLMES—reminds us how thoroughly events have contradicted the assertions of our opponents. The book on homœopathy which he published in 1844 has been described, by some who have recorded the events of his life, as "being even now one of the most complete exposures of that therapeutic fad." In it he stated that in half a century more, homœopathy in Boston would be unknown! The half-century has gone, and, indeed, ere little more than half of it had passed away, every member of the medical faculty of the University of that city was, as every member of it now is, a practitioner and teacher of homœopathy. At the termination of the period of time which was to see the extinction of this therapeutic method, "craze" the *British Medical Journal* of last February termed it, it is represented in Boston, his native city, by between three and four hundred physicians. It is precisely in the same way that the long prophesied and still asserted "dying" of homœopathy is taking place the world over. The past year has witnessed the jubilee meeting of the American Institute of Homœopathy, a body having a membership of more than 1,400 duly qualified physicians. Does this fact illustrate death or decay? If so, which is it? We have it, on the authority of *The Times*, that there are, in the United States, twenty-two medical journals conducted by homœopathic physicians, seventy-six hospitals officered by homœopathic physicians and surgeons, one of which, that at Middletown, N.Y., has eighteen hundred beds. Again, we ask, is this evidence that homœopathy is dying? From India, we hear that at the Homœopathic Medical School of Calcutta, forty candidates obtained the licence to practise last spring as compared with twenty-five in 1893. Does this resemble "dying out" in India? In Australia an agitation has been set on foot to erect a hospital in Sydney; the marked success of the Homœopathic Hospital in Melbourne, where its results are compared with those

obtained at the non-homœopathic hospitals of the city, having proved a stimulus to the people of Sydney to make similar provision for their sick poor. What evidence of "dying out" have we in Australia?

In Germany, homœopathy has often enough been stated by our opponents to be not only dying out but dead! Our colleague, Dr. BURFORD, visited Berlin during last summer and enquired as to how far this death had been accomplished, and here is his record:—"I found in Berlin," he writes, "a greater proportion (relative to population) of homœopaths than in London, a well worked and largely attended homœopathic dispensary, a substantial sum already in hand for the building of a public hospital, a homœopathic society, with its organ in the form of a well edited quarterly, no deficit in younger men desirous to learn of homœopathy, and, in brief, the sentiment of progress." As Dr. BURFORD remarks, "these are not marks of a decaying cult." Still they are the only evidences of homœopathy "dying out" in Germany that are available!

Our pages during the past year have borne abundant evidence of really sound and instructive work in that department of medicine which is our special care—therapeutics. At the same time they witness to the cultivation by homœopathic practitioners of other branches of medical study, especially of pathology, gynæcology, surgery and hygiene. At the British Homœopathic Congress, held in London during last June, the President, Dr. GALLEY BLACKLEY in his address sounded a note which has been well responded to since, as the correspondence which has appeared in our *Review* fully proves. In the leading article of the *Review* last month the lessons presented in Dr. BLACKLEY's address and suggested by the letters we have referred to, as well as by Dr. BLACK's papers on the *Discovery of the Simillimum*, were fully and clearly set forth. Of the importance of pathology, regarding this term in its broadest and truest sense, to the homœopathic method of drug selection, there is not and can not be any doubt. It gives to it a degree of precision which symptomatology, considered apart from experimental pathology, pathological anatomy and histology, can never give. Because HAHNEMANN, writing and working in an age when pathology was a mere congeries of unreliable and misleading data, wisely

restricted himself to the record of symptoms, of the only known, albeit, inexplicable facts of disease, we are not exempted from taking advantage of the progress of that accurate knowledge, which is characteristic of the study of pathology in our own time. On the contrary, whether in proving drugs, in observing the progress of disease or in noting the effects of the drugs we select to check its progress, we must constantly avail ourselves of every well substantiated method of clinical, physiological, chemical and pathological research.

During the year on which we enter to-day, we hope to see the new buildings, now erecting in Great Ormond Street, for the purposes of our Homœopathic Hospital, completed and filled with patients, enabling the physicians and surgeons there to carry on, with greater facilities than ever, the important work in which they are engaged, and to allow of their rendering that work still more advantageous to their medical brethren, who have not the opportunities for hospital study which they possess. That they have in recent years most fully done what they could in this direction, we gratefully acknowledge. The fortnightly consultation days are a great boon to all who, being interested in the study of medicine and surgery, are able to take advantage of the meetings on those occasions. The records given in the *Hospital Reports* issued by them are invaluable to all general practitioners. Both as physicians and surgeons the medical officers of our hospital have shown themselves to be fully up-to-date in all that relates to pathological research and operative skill, while in therapeutics, as we might and have a right to expect, they have proved themselves to be in advance of the day.

The work, too, which has been done at our Society during the last year has abundantly shown its great value to the members. The experiment of devoting certain evenings to materia medica, surgery and practical medicine has so far proved a success and given additional interest to the meetings. For much of the success of the Society we are indebted to Mr. Knox Shaw, whose interest in the Society is never ceasing, whose energies are unflagging, and whose powers of organisation are both well known and highly appreciated.

To our special department of study—the Materia Medica, and the most successful methods of using it at

the bedside—we have, in our *Review*, been able through the exertions of some of the contributors to our pages to direct a large share of attention. In Dr. ORD, of Bournemouth, we have found a most zealous and efficient worker. His ingenious method of presenting the proving of conium, for use in studying that drug for clinical purposes, has, we feel sure, commended itself to many practitioners and excited a desire for the presentation of some hundred or hundred and fifty more drugs in the same manner, so as to provide them with that *Handy Reference Book of Drug Provings* which he contemplated preparing for them. We regret that he finds, when about a third of his task is accomplished, that he could only publish it at a heavy financial loss, and so for the time is compelled to relinquish the attempt. The Hahnemann Publishing Society is, we believe, bent upon such magnificent projects that it would not undertake mere utilitarian work such as that Dr. ORD has commenced and would gladly complete. Such grand volumes as the *Materia Medica, Physiological and Applied*, invaluable as they are, are unfortunately in advance of the time. It is some facile and comparatively ready method of selecting his medicine that the busy general practitioner requires. He would welcome such publications as those of the Hahnemann Publishing Society proposes to issue, if he had the leisure during which he might study them; but this unhappily he lacks. We trust that either here, or in the United States, Dr. ORD may be able to meet with a publisher willing to accept the risk incurred by producing the work he has been engaged on so long, and at the same time to remunerate the author for his labour and trouble.

Dr. BLACK'S contribution in aid of *The Discovery of Simillimum*, and the discussion it has elicited with that well-known expert in Materia Medica and, indeed, in all that pertains to Homœopathy—Dr. DUDGEON, has we doubt not stirred men to indulge in reflections which will facilitate their clinical work in the future, rendering their prescribing more accurate, and therefore more successful. Healthy, honest, truth-seeking discussion such as this has been is the very life-blood of scientific progress.

Do the contents of our *Review* during 1894, the re-

building of our hospital, with its record of work done within its temporary wards, or our Society, with its ever increasing roll of members, its interesting, instructive and well-attended monthly meetings, sustain the theory that homœopathy is a craze, or support that well-worn notion that it is dying out?

The therapeutics of the schools in the past year has not developed much beyond the usual additions to the pharmaceutist's stock of "anti-pyretics" and "hypnotics"; while some of those made during the few previous years have acquired an increasing amount of discredit. The report of the Therapeutic Committee of the British Medical Association on the "Inquiry regarding the Ill-Effects Following the Use of Antipyrin, Antifebrin, and Phenacetin," published in the *British Medical Journal* last January, formed the subject of a leading article in our *Review* in February. The dangers which necessarily follow the antipathic use of such powerful paralysers of nerve power were fully shown up in the report, and illustrated in a striking manner the "potentialities for evil" possessed by a powerful drug when antipathically prescribed.

In the treatment of that fatal disease, diphtheria, the mortality from which, at the Metropolitan Asylums Board, has ranged, during the last six years, between 46 and 30 per cent., a preparation described as antitoxic serum is rapidly coming into use. A culture of a virulent diphtheria bacillus is inoculated into a distinctly alkaline beef broth; this, carefully preserved, soon developes a fine flocculent deposit at the bottom of the vessel containing it, which increases in thickness until the end of about a month. At this time the amount of toxine present in it is considerable, and sufficiently active for 0.1 c.c. of it to kill a guinea pig, weighing 500 grammes, within 48 hours. With this a healthy horse is hypodermically injected. The amount injected is at first small, about 2 c.c. The quantity is gradually increased until some amount of local swelling is induced and a distinct rise of temperature is set up. By gradually increasing the dose and injecting it every few days the antitoxic activity of the blood is continuously increased, and, in about three months, the serum is sufficiently potent to be used in the treatment of cases of diphtheria. Ehrlich and others have devised methods

of testing the antitoxic power of the serum, chiefly by experiments upon guinea pigs. The antitoxic power of the serum having been ascertained, the horse is freely bled under strictly antiseptic precautions, and the blood is received into sterilised glass vessels. It is placed in ice until coagulation has become complete and the clear serum is then carefully drawn off into sterilised flasks, containing a few fragments of camphor, kept cool and from the light. Dr. SIMS WOODHEAD, in a lecture published in the *Lancet* (Dec. 15th, 1894) further states that, in a large proportion of cases, this serum acts almost like a charm, especially in cases where suppuration changes have not commenced. "The temperature," he said, "falls suddenly on the first or second day (except in very severe forms of the disease, when the fall does not come on so quickly and then takes place more slowly); the formation of the false membrane appears to be checked almost immediately—certainly within twenty-four hours. On the second or third day, the membrane softens, is thrown off, and as it is shed the bacilli gradually disappear, sometimes as early as the third or fifth day."

As compared with the treatment hitherto pursued by non-homœopathic practitioners, the results of using this antitoxine, so far obtained, are encouraging. Of 79 cases reported in the *Lancet* and *British Medical Journal*, as having been treated with it, 9 only or 11.4 per cent. terminated fatally. As experiments with this preparation are, we understand, to be made on a large scale at the Metropolitan Asylums Board (notwithstanding the sacrifice of life among guinea pigs which will be involved, and against which we anticipate loud protests from certain quarters), we may hope shortly to be placed in possession of some reliable information, and we can only trust that this, when obtained, will not destroy the expectations so often engendered by the first reports of the results of the therapeutic suggestions made by non-homœopathic physicians.

Interesting, and possibly helpful in some cases, as this novelty may prove to homœopathic practitioners, we must remember that *the* homœopathic remedy—inferred to be such from a case of poisoning by it more than thirty years ago—in precisely the kind of diphtheria described by Dr. SIMS WOODHEAD as that in which

antitoxine is so particularly useful—the *cyanide of mercury*—has been followed by better results than have so far been produced by the new remedy. Dr. ALPHONSE BECK'S pamphlet, in introducing it to our notice, was published in 1868. Dr. ERICHSEN, of St. Petersburg—a non-homœopathic physician—described it in 1880 in the *Medicinische Central Zeitung* as the "most potent anti-diphtheriticum." In 1884, Professor SCHULTZE, of Greifswald, said that "in the *cyanide of mercury* we possess a remedy which has the power of influencing the affected tissue internally, and, at the same time, of destroying, or at least of paralysing, the poison. (*Deutsche Medicinische Wochenschrift*, Jan. 3rd, 1884). The *Lancet* of the 24th April, 1888, records the success of Dr. SELLDEN, a provincial medical officer in Sweden, in using the *cyanide* in diphtheria. He and his colleagues had in five years treated 1,400 cases with this medicine, with a mortality of only 4.9 per cent., whereas prior to their knowledge of its value, the death-rate among 564 persons similarly attacked was 92.7.

With so powerful and well attested a remedy in true diphtheria, the homœopathic physician will have no real need for this latest discovery of the laboratory, however useful it may prove to those who refuse to notice the only scientific method of drug selection when they are called upon to treat this formidable disease.

During the past year death has removed from amongst us five of our colleagues, Dr. SMART, Dr. THOMAS, Dr. DRUMMOND, Dr. CUTMORE, and Dr. WALKER of Aberdeen. The four first having, each in his own way, done good service in promoting a knowledge of homœopathy during many years. The last, a young physician of much promise, whose health having early in his career been undermined by the consequences of a succession of post-mortem wounds, compelled him to abandon practice and live the life of an invalid. His thoroughly scientific tastes and accomplishments rendered his death a great loss. In America we have had to deplore the loss of Dr. DAKE, one of the most scientific cultivators of Materia Medica in the United States. France also has had to lament over the departure of Dr. LEON SIMON—one of the oldest and most active of the representatives of homœopathy among her medical sons.

In looking forward to the new year on which we have

entered, our anticipations are full of hope for the progress of therapeutics. Let but those who are imbued with strong convictions of the truth of homœopathy, anxiously, studiously and carefully put those convictions into practice at the bedside, and conscientiously record the results of their doing so in our journals that their brethren and colleagues may be both instructed and encouraged, and homœopathy during 1895, will, at the end of the year, be more widely appreciated than it was at the commencement.

FACIAL PALSY.

By Edward Blake, M.D.

C. G., April 24th, 1886, aged 45, lives on a gravel soil near the River Thames. A fortnight ago, his daughter playfully threw a cap at him. The cap struck his face, which he immediately plunged into cold water. Soon after this, the left side of the face was found to be paralysed. He had, in addition to the usual symptoms of facial palsy, occasional pain in supra-orbital branches of 5th. He is a little troubled with abdominal flatus. Urine was found free from albumen, sugar, pus and lithates, contained oxalates and free uric acid. He gets a hard winter cough. Occasionally is troubled with pain in the right elbow at the origin of the brachialis anticus.

On examining the face it was found to be considerably distorted. the right risorius had carried away the right corner of the mouth, so that he could not whistle, nor blow out a candle, by means of his orbicularis oris, but he could retain the saliva. The usual distortion produced by the unopposed levators of the lip existed; the left eye could not be closed.

The patient had been taking quinine in full doses, but without sensible effect, during the whole fortnight that this condition had existed.

Nine healthy children, no evidence of syphilis.

Treatment.—Three milliampères of the continuous current (measured by Edelmann's galvanometer) applied with one rheophore on the face, and the other on the nape of the neck.

The positive pole was applied to the different terminal filaments of the left seventh nerve, the negative pole

was kept applied over the second and third cervical vertebræ for half-an-hour at each sitting. At first the current was scarcely perceived by the patient (cutaneous anæsthesia). Ordered causticum 30 to be taken internally.

April 27th. Only 2.75 milliampères were used for half-an-hour on the same points, and the current was much more perceptible to the patient.

Aconite 30 was prescribed during the day, aconite 1x at bedtime, and the face was painted with Fleming's tincture of aconite root night and morning.

April 29th. He is much better, has had a slight headache, more cough, pain in the colon and flatulence. Rep. med. Current 2.59 milliampères. Pulse 88.

April 30th. Constipation and flatulence; pulse 84; facial distortion still improving; 2·45 milliampères. Rep. med.

May 3rd. Digestion improved; slight sore-throat, with a little spitting; pulse 100; face better; 2·1 milliampères; bell. 30.

May 6th. Face nearly well; rep. med.; 1·8 milliampères for three-quarters of an hour. Not contented with the patient getting on, misled by the practice of a distinguished authority on electrotherapy, I now changed the treatment. I used a current of 5 milliampères of voltaism combined with a primary Faradic current *from two small mercurial cells*, for quarter of an hour only. The pulse was 84, the head rather confused. Nux. 30 was ordered.

May 11th. The face is not so well. This is three days after the change from galvanism to the combined current.

May 14th. The face was better. Some pain in last lumbar vertebra, a little cough, palpitation, pain over right eye. The tongue is protruded centrally, pulse 80. I ordered lachesis 30. Again used a gentle combined current.

May 18th. Supra-orbital neuralgia gone. Rep. med. and combined current.

May 29th. Palpitation better, cough less. Causticum 12. Repeat combined current. After this the Faradisation was abandoned, and the patient was provided with a galvanic battery, and told to use one milliampère for ten minutes daily.

June 11th. There was a very faint deviation, scarcely indeed perceptible. Causticum 30. At the end of the month the symptoms had all disappeared, he could blow out a candle and whistle a tune rapidly. The left eyeball was a little more displayed than the right, beyond this the face was quite symmetrical. There is a slight anæsthesia of left side of lips. All electric treatment suspended.

I recommended two pilules of phos. 30 to be taken night and morning, a dessert-spoon of Fellows' syrup of hypophosphites to be taken after dinner daily, and I finally dismissed the patient.

From my experience of the purely medicinal treatment of facial palsy, I must candidly admit the probability that my patient recovered independently of the remedies I administered internally.

The practical deduction that may be fairly drawn from the history of this case, and from others I have observed, are:—

1. Employ galvanism only; do *not* use the interrupted current at all.

2. Pass the current through the whole length of the nerve, *i.e.*, begin near centre of face and pass to below floor of fourth ventricle.

3. It does not matter whether the positive pole be in front or behind, but if there be anæsthesia of skin, then put negative behind, as it is better to slough the nape of the neck than the skin covering a prominent part of the face.

4. It is wise to use the commutator, because cases have been cured by employing voltaic alternatives, after a direct current had failed.

5. Continuous currents should never be employed without some method of approximately measuring and distinctly recording the intensity of the stream; or, to be more strictly accurate, the measure of resistance of the patient's tissues.

Bell's palsy has now been proved, by actual dissection, to be a peripheral neuritis. When we view the degeneration of nerve tissue in this disease as being caused by ascending catarrhal neuritis, we can readily understand the true explanation of an apparent discrepancy. We all know the clinical rule that myopathies call for the use of Faradism, whilst neuroses suggest, on

the other hand, the employment of the continuous current. In other words, that *muscular* lesions require stimulating by means of induction, whilst *nerve* disorders call for the more soothing trophic influence of voltaism. But here is a case of motor palsy cured by the continuous current. Well, of course, Bell's paralysis is really a result of nerve change, the muscular fibres being at first entirely unaffected by the disorder.

Dr. de Watteville divides facial palsy into three classes according to their gravity.

In class A.

Reaction normal { In nerve. / In muscle.

Spontaneous cure in fourteen to twenty-one days.

In class B.

Reaction { Subnormal in nerve. / Degenerate in muscle.

Spontaneous cure in six weeks to two months, possibly shortened by galvanism after first month.

In class C.

Reaction of degeneration complete.

Cure here is less certain, it is never less than three to six months.

This table is of extreme value in giving a prognosis to the patient.

To state the matter in another form :—

The first thing to fail in a motor nerve, like the portio-dura of the 7th is

1. Conduction of motor impulse.

Class A. Paralysis.

The second thing to go is

2. Conduction of muscular trophic influence.

Class B. { Paralysis with / Muscular degeneration.

The third and last condition is to lose

3. Conduction of trophic influence to nerve; this leads to

Class C. { Paralysis with / Muscular degeneration. / Nerve degeneration.

The connection between facial palsy and proptosis is of considerable interest. We can assume from the rarity

of exophthalmos after Bell's paralysis, that the paresis of the ocular orbiculares, stands rather in the relation of a contributory factor to proptosis, than in that of a *vera causa*. It was distinctly present in certain lepers examined by me in Norway. In these cases the seventh nerve was a favourite site of invasion. Yet evidently exophthalmos occurred only in those instances in which the ocular recti were themselves rendered paretic by the special toxines of the leprous micro-organism—the lepra bacillus of Hansen.

That the case which I have narrated above belonged to Class B there seems to be little doubt. It is certain that up to the date that voltaism was used, *i.e.*, up to the third week, there was evidence of improvement.

The disease had practically disappeared on the forty-eighth day; on the eightieth day he was quite well. Now, these are the natural dates of spontaneous cure in cases belonging to Class B. Decidedly too speedy a case to belong by right to Class C, the members of which are never known to get well till the third month.

It is to be noted that this man had, in addition to the paralysis of the left distribution of the *portia dura* of the seventh, hyperæsthesia of certain terminal fibres of the fifth cranial, but he also had anæsthesia of other fibres of the same nerve.

CLINICAL AND THERAPEUTIC NOTES OF RECENT CASES.*

Reported by Dr. A. Spiers Alexander, Plymouth.

Eczema Capitis—(Mezereum).

Mrs. L.'s baby, age 11 months, brought by mother March 3rd, 1894. Eruption on scalp, backward dentition. Most of hairy scalp covered by dry, yellowish eruption, no moist exudation. Given *sepia* 30, t.d.s. May 29th: Eruption increased, extending to forehead and cheeks, where are several eczematous patches, with yellow crusts and moist exudation; *rhus tox* 12, t.d.s. June 12th.—No better, eruption again increased. There are large thick crusts on scalp, with pus exuding from beneath

* Contributions invited for this department; they should be addressed "Dr. Ord, Bournemouth."

their edges. *Mezereum* 30, t.d.s. Patient not seen again, but father called July 14th, stating that a few days after taking last medicine discharge began to dry up, crusts soon after came off, and child is now well. *Note.*—Under *mezereum* in Hering's *Guiding Symptoms*, occurs, "Head covered with a thick leatherlike crust, under which thick white pus collects here and there, and hair is glued together." Compare also Carroll Dunham's case* of deafness resulting from suppression of a similar rash in childhood, cured after 13 years by *mez.* 30.

Painful Micturition—(Dulcamara).

R. H., aged 33 years, applied May 8th. Micturition difficult and painful, frequent calls for relief. Stream passes intermittently, much burning along urethra during and after passage. No blood in urine. ℞: *cantharis* 2x, 4tis horis. May 15th: Reported water as passing a little more freely, but still with intense pain. It was now found that patient, who was a carter, had been exposed to wet previously, and that on former occasions similar attacks had been produced in the same way. Given *dulcamara* 30, 4tis horis. May 22nd: Reported that all symptoms were relieved and micturition was almost painless. Has not returned again.

Frequent Micturition—(Conium).

Mr. P., aged 78, on March 2nd, stated he had been suffering for some weeks in bladder; no cause known. Has much difficulty in retaining water, smarting pain during micturition, lasting some time afterwards. Has to frequently rise at night for relief, by which sleep is much disturbed. ℞: *conii mac.* 3x, 4tis horis. March 6th: Rather better, can now hold water longer, pain less. March 9th: Feels quite well, sleeps all night, and all bladder symptoms have disappeared.

Pleural Effusion—(Apis).

Maude W., aged 16, admitted Devon and Cornwall Homœopathic Hospital, April 11th, 1894. Ailing a month, but worked till date; complains of pains of left side and shortness of breath. *Examination.*—Back

* *Science of Therapeutics*, Ed. 1880, p. 462 *et seq.*

bulging on left, dulness on percussion all over, vocal fremitus absent; temp. 102.2 F. Ordered *apis mel.* 3x every 2 hours. Temp. decreased a degree daily for 3 days, on the 14th being subnormal, rising about a degree at night. April 17th: Very much better, vocal fremitus and breath sounds returning; left thorax bulges less. Continued *apis*. April 26th: Percussion note quite clear for upper half of back and clearing below. *Sulphur* 6, t.d.s., now given. May 1st: Only slight dulness now at base; feels well. Repeat *sulph*. A few days afterwards was dismissed cured. Dr. Alexander remarks, "*Apis* was not selected on subjective symptoms, but on purely pathological grounds. There is no evidence that *apis* ever caused hydrothorax, but its well recognised power of inducing œdema of the cellular and mucous tissues suggests its affinity for fibro-serous membranes likewise, and indicates the general direction of its action. Subjective symptoms, suggestive of pleuritic effusion, are not, however, wanting among the provings, *e.g.*, oppression of chest, dyspnœa, short, rapid breathing, pulse accelerated (*vide Cyclopædia of Drug Pathogenesy*, vol. i., p. 317), but inasmuch as these symptoms are common to other pulmonary conditions they do not form a sufficient guide for drug selection."

Reported by Dr. WINGFIELD, Birmingham.

Glandular Tumour—(*Silica*).

John M., aged 35 years. He said that a year previously a small, hard lump appeared under the angle of his right lower jaw. He consulted a non-homœopathic hospital surgeon, who said it was an enlarged gland due to bad teeth, and advised their removal. Teeth of right lower jaw were extracted, but swelling became rapidly larger. Visited old-school hospital again, and was told it would have to be removed. Declining this operation, patient applied at the Homœopathic Hospital. There was seen to be a large tumour, size of a man's fist, of stony hardness, extending from angle of jaw to lobe of right ear, which was pushed up by it. He was quite deaf on that side. Ordered *silica* 6x, under which the whole tumour disappeared in three weeks, leaving no trace of its presence.

Typhlitis—(*Baptisia*).

Lad of 19, ill some days. Continual pain and great tenderness over colon, distinct swelling to be felt. Temp. 104°F. Under *merc. cor.* and *bryonia* patient became worse, pain and high temperature were unrelieved. Then tongue became very dry and brown, and a typhoid condition supervened. *Baptisia* ϕ, gtt. ii. every two hours ordered; improvement set in soon after, pain and swelling disappeared, and patient required no other drug until convalescence was established, making an excellent recovery without any relapse or subsequent symptoms.

Chronic Sore-Throat—(*Crotalus*).

Miss F., aged 19. Said she had suffered for 3 years on and off from pain in throat, worst on swallowing saliva, no difficulty in swallowing food or liquids. It always felt worse after sneezing. Had been under other treatment without cure nearly the whole time. Felt quite well in other respects. On examination nothing except slight swelling and redness of right tonsil could be found. Given *crotalus* 6x. This persisted in for two months completely cured the trouble without any other treatment.

Bright's Disease—(*Apis*).

Mrs. W., aged 40. Ill for five years, under "regular" treatment, gradually growing worse, with increasing anasarca. When first seen whole body was enormously œdematous, face so much swollen that features could not be recognised, abdomen greatly distended with fluid, and legs twice their natural size. Albumen was one half. Had been delirious on and off for five days, was given up as hopeless by friends. As a forlorn hope *apis mel.* 3x gtt. ii. every 2 hrs. was tried. The effect was immediate and astonishing; large quantities of urine began to pass and anasarca rapidly decreased. Improvement was steadily maintained. After some weeks *arsenicum* 3x was given. Patient rapidly recovered, all symptoms disappeared, leaving only a trace of albumen in urine. Patient has now been able to attend to ordinary household duties, and has had no relapse for three years.

Sick-headaches—(*Crotalus*).

Miss J., aged 50. For 10 years had suffered from severe headaches, which came on periodically every three

or four weeks. Many kinds of treatment had been tried unsuccessfully. Headaches are so severe that she has to spend from three to four days in bed every month; they seem unconnected with periods. They are blinding, commence over right temple, passing over to left temple, then to vertex and occiput; they usually cause vomiting, which does not relieve. Immediately they have passed she feels all right and can go about as before. Her health otherwise is good. *Crotalus* 6x ordered every three hours, with immediate benefit, and has not had an attack now for many months.

Reported by Dr. WASHINGTON EPPS, London.

Lachrymal Sac—(Silica).

F. B., aged 10 years. Has had swelling over left nasal duct for a week. There is redness of the part, with tenderness when touched. Throbbing pain has existed one day, tears have run down cheek for last three days. Ordered *silica* 30, t.d.s. In a week there was less swelling and tenderness. Continued for ten days, when the swelling completely disappeared. Two months after he remained quite well, and there was no lachrymation.

Eczema—(Calc. Carb.).

L. B., aged 2 years. Was vaccinated at 4 weeks, had a very bad arm which healed in 3 weeks. At 4 months eczema appeared on ears and continued till 6 months ago, when child had measles, and rash entirely cleared away for a time. Has now eczema on ears, in groins and behind knees, and less severely in axillæ and flexures of elbows. The patches have been weeping for two months. Child is teething and very irritable. Has an immense appetite and great thirst. Perspires very freely. Teeth decaying, but tibiæ are straight. Formerly had diarrhœa, but bowels now regular. Much deposit in urine. Has been fed on Savory and Moore's food and cow's milk. Father had recently a rough patch on chin; mother's family consumptive. Ordered *calc. carb.* 12, and boracic ointment, 4 grs. to ounce. In two weeks skin was better, in ten days more was very much better in all respects. Three months after the child remained perfectly well. Calc. carb. 30 was ordered for a time.

Rectal Abscess—(Hepar Sulph.).

B. H., about 30. Has suffered from abscesses in ears. Two months ago had an abscess on right side of anus, which was lanced. Has lost 14 lbs. in six months. On September 17th an abscess was found on right side of anus, rather in front. Skin is red, there is throbbing pain. By rectal examination swelling is found to extend upwards, about an inch and a half by side of anus, and there is indistinct fluctuation. Patient keeps bowels regular with *sulphur* lozenges. Edges of left eye-lid inflamed; there is a swollen gland in groin. Ordered *hep. sul.* 6.

September 19th. Still distinctly swollen, but gland in groin less.

September 22nd. Reported that all pain and discomfort had ceased, and he considered the trouble cured. There had been no discharge from anus. Bowels were regular, and swelling of gland had disappeared. He has not returned.

ON A CONSECUTIVE SERIES OF EIGHTY ABDOMINAL SECTIONS IN WOMEN.

By George Burford, M.B.,

Gynæcological Physician to the London Homœopathic Hospital.

This is the first lengthy series of abdominal sections under homœopathic auspices in this country. I take this opportunity to note the value of homœopathic remedies in the stadia alike of preparation and of convalescence, as well as to review those points which experience and a maturer judgment have emphasised in the course of the series.

To my homœopathic colleagues in general I owe my warmest thanks for the loyal support I have received in this arduous work, no less than for the consideration with which difficulties of time and space have been courteously acknowledged and borne. Our chief auxiliary in the anxious task of developing this section of British homœopathy has been the moral and personal support constantly rendered by those whose years and position have proved their wise devotion to the interests of homœopathy.

And if, in the judgment of any, there be doubt as to the necessity of this section of the forward movement,

I would suggest the consideration of the flourishing homœopathic schools in America. Surgery has in these developed to a far larger proportionate extent than in England. The requirements of progress have called for the amalgamation of the art of the homœopathic physician with that of the surgeon, for this co-operation has materially increased the usefulness of both.

Some of the operations in my list—notably certain ovariotomies—have been so complicated and difficult that the recovery was the joint product of both physician's and surgeon's art as co-ordinate factors. The use of homœopathic vulneraries before and after operation distinctly tends, in my experience, to ensure an easy and uniform recovery; and a knowledge of the risks incident to all stages of the post-operational course allows a definite prophylaxis to be instituted from day to day. Were I asked to cite proofs of the preventative action of homœopathic remedies I could adduce no more convincing evidence than is obtained from a well ordered therapeutic routine before and after abdominal section. I have often seen cases thus managed, even after severe and protracted operation, recover with absolutely no symptom to cause anxiety to the surgeon, or more than passing discomfort to the patient.

No enterprise of magnitude or importance is undertaken in daily life without corresponding preparation; and cœliotomy work is peculiarly exacting in the control of the conditions which make for success. My patients are carefully dieted for days beforehand, the renal secretion carefully estimated in point of quantity daily during this preparatory time, and the primæ viæ well and repeatedly evacuated. Rest in bed for a few days beforehand is insisted upon, and the general condition of the patient got into trim. Arnica, as the most requisite prophylactic is systematically administered, and only infrequently requires supplementing by some other remedy.

The Therapeutic Treatment of Cases after Abdominal Section.

I still adhere in the main to the principles and practice laid down by me in my paper presented to the British Homœopathic Congress in 1892. More and more I am convinced that the chief vogue of homœopathic remedies in these operations is prophylactic. To this end I em-

ploy arnica before, and for 24 hours after the operation, as controlling the effects of traumatism, and stimulating the reparative processes which make for recovery. I use *belladonna* and *mercurius corr.* in alternation during the second, third and fourth day, as tending to carry out the first surgical maxim, "a dry peritoneum," and lessening the susceptibility of the peritoneal tissue to inflammatory reaction.

I often use lycopodium during the fifth and sixth days, the indications for which are familiar to all operators who have witnessed the flood of urates which is discharged during this time, and often earlier, in properly progressing cases. Nitric acid is sometimes called for on account of fleeting bladder irritation, and china ultimately as a general tonic.

Many of my recoveries have been so easy, peaceful and unbroken as to compare most favourably with the course of convalescence, in many a purely medical disorder. We now know clearly and definitely the natural history of recovery after abdominal section, and what the special risks are, incident to the peculiarities of any given case. A remedial prophylaxis constructed on this knowledge is, *in its sphere*, extremely valuable, and in a marked degree protective. The untoward events after cœliotomy are often so rapid in their evolution, and so lethal in their tendency, that it is often distinctly necessary to supplement therapeutics by other measures. These latter, however, in the majority of instances, fail alone to be of real service in dangerous crises, and septic peritonitis is usually scarcely to be checked by remedial or surgical measures, or both. This complication is to be met by prophylaxis, which is largely therapeutic.

Precise rules defining the sphere and time of operation in these cases cannot for the most part be laid down. But one pervading canon may be explicitly stated, *i.e.*, "That therapeutics in all suitable cases should have a full and fair trial, ere operative measures be considered." There are certain cases that do not admit of delay, *e.g.* in the early (operable) stages of cancer, of strangulated ovarian cysts, and where acute pressure symptoms are present. But in the majority of cases, where crises neither exist nor are impending, a full therapeutic trial should be made, and this in no spirit of pessimism.

The cases distribute themselves according to the types of lesion they represent: and I propose to select some of these for special remark accompanied by the citation of illustrative cases.

Ovariotomy for Ovarian Cysts.

These cases number 22 in my list.

Some of these have been almost dramatic in their incident and detail. Most notable was the case of a lady in whom abdominal tumour had been diagnosed by an eminent specialist three years before, but erroneously as fibroid. She had Apostoli's electrolysis, she went to Woodhall Spa, and finally was given up as incurable, and advised to await her fate with what fortitude she could muster. I do not think I ever saw such a distended abdomen in my life. The patient was unable to lie, or to move out of her room, or to get about at all for the enormous abdominal mass. I first tapped and withdrew a thousand ounces of fluid, thus allowing a diagnosis to be effected; and in a week's time I opened the abdomen, and removed a multilocular ovarian cyst, containing 400 ounces of fluid remaining after the previous tapping. The recovery was uniform and satisfactory; and the patient, previously doomed to die, and within measurable distance of her end, was restored to active life. I saw her again a year afterwards; she had put on two stones weight in flesh, and was looking ruddy and well.

Another case, sent by Dr. Goldsbrough, was similarly phenomenal in character. The patient had an abdominal section some four years previously for hydatids of the liver; and when I saw her, had a greatly distended abdomen from ovarian cyst. It grew rapidly, and early operation was necessary. Many ounces of fluid were withdrawn, and the cyst wall endeavoured to be removed; but the adhesions were dense and universal. There was scarcely a square inch of the whole surface not occupied by adhesion. After much trouble the pedicle was divided, the remaining adhesions separated, and the growth removed; it had so thrust the organs out of place that the abdomen seemed almost eviscerated.

The patient made steady progress until the fourth day, when pleurisy with effusion set in. No sooner had these symptoms abated, than influenzal broncho-pneumonia occurred, and kept the temperature up for a

fortnight. In spite of these drawbacks, the patient made a good recovery, left hospital within two months, and in six months' time was looking and feeling particularly well. Within ten months of the operation she had become *enceinte*.

Removal of the Uterine Appendages for Cirrhosis and Cystic Disease (Hydrops Folliculorum) of the Ovaries.

These cases amount to 13 in my list, and as this operation, in suitable cases, properly performed, is of immense value, I will briefly cite results to show what are the suitable cases, and what the proper operative method.

Dr. Edward Madden sent to me, in 1892, a lady suffering from constant abdominal pain, a subacute pyrexia, and complete inability to walk without support. There was also a persistent acrid leucorrhœa: and the history clearly indicated a specific infective process. Laparotomy was performed, and the appendages removed. The patient made an excellent recovery.

So enamoured was she, fortified by her own experience, of the benefits of medical and surgical work, that she, in the course of a year, went to Scotland to receive nurse's training. While there she did duty under one of the most brilliant Scotch abdominal surgeons. On narrating her own experience to him he professed the utmost surprise that these things could be done in homœopathy! But to return. Dr. Madden wrote, 12 months after operation. "Mrs. A. is now perfectly well in every way, and says that could she have foreseen the relief and improvement to health which would follow within a year, she would willingly have gone through the operation a hundred times, rather than remain as she was before."

Dr. Hy. Shackleton sent a patient, æt 32, to me in 1893. She had been ailing for several years with constant pelvic pain, becoming progressively worse; with inability to follow her usual employment, and with general deterioration in bodily health. She was under my observation for nearly a year, and no treatment seemed of the least avail. Dr. Shackleton's experience of this case, anterior to my seeing her, was similar. Chronic degeneration of the ovaries was diagnosed, and operation performed for their removal. She made a good convalescence.

Twelve months after operation she wrote, "As it is a year since my operation I felt I must send to tell you I am getting on so well. . . . I am able to do my work very nicely. . . . It seems so pleasant to be able to be at work again, after 14 years *constant* suffering."

Case 5.—Dr. Lough, of Hastings, sent a patient, a lady over 40, with metrorrhagia, persistent pelvic pain, and general systemic debility. The metrorrhagia was incessant and progressive. The pelvic pain was constant and considerable. The therapeutic treatment had been careful, patient and varied; the uterus had been curetted; the patient had rested *ad nauseam*, but to no avail. On coming to town, three further months were devoted, after a consultation, to therapeutic and adjuvant treatment. No benefit ensued, and the course of events was steadily worse. Abdominal section was performed, the ovaries, cirrhosed and contracted, were removed, and the patient made a good recovery.

Since operation, the hæmorrhage, previously drenching, has entirely ceased; the pain, formerly severe and constant, has nearly quite vanished; and the general condition of the lady has vastly improved.

Cœliotomy for Solid Ovarian Tumour.*

For this comparatively rare form of abdominal tumour I have operated in four instances. One of these patients, æt 16, was the youngest on whom I have hitherto performed ovariotomy. It was for a large and rapidly growing sarcoma, the symptoms attending which had originated in a fall only four months anterior to the date of operation. She made a good recovery, but, unfortunately, recurrence took place, and in an inoperable form. *Passim*, I may say that rapidly growing solid tumours of the ovary, in young girls under 20, are almost invariably sarcomata.

Another interesting case of solid tumour of the ovary was in a girl, æt 28, the patient of Dr. E. A. Hall, of Surbiton. Here the chief source of trouble to the patient was a fast increasing abdominal distension,

* I prefer the more accurate term *cœliotomy* to *laparotomy*, the latter signifying a flank incision, while cœliotomy embraces all incisions through any part of the abdominal parieties. The embryological division into *cœlon* and *enteron* gives a clear idea of the term cœliotomy.

which proved to be due to ascitic fluid, accompanying a solid tumour of the left ovary. This was, with some difficulty, removed, and examined by Dr. Johnstone, who reported it to be a well-marked instance of ovarian adenoma. The microscopical evidences of this were exceedingly clear and demonstrable. The patient made an unbroken recovery.

Gynatresia, with Hæmato-metra, and Hæmato-salpinx.

I have had two cases of this lesion, requiring respectively primary and secondary abdominal section. One of these was in a girl æt. 15½ years, under the care of Dr. Madden, in whom peritoneal symptoms were present, and where the Fallopian tubes were found black and distended to the point of imminent rupture. The uterus was a thinned out distended cavity, containing a quantity of thick black fluid, and having no kind of communication with the vagina. I removed the uterus, tubes and ovaries, the patient making a complete recovery. She has since been through a premature climacteric, before the age of 20; and is now a tall, well-developed comely girl, with not the least obvious indication of the necessary ordeal through which she has passed.

Extra-uterine Gestation.

One of the most striking of these cœliotomies was a case of ectopic gestation, successfully operated on. The patient had passed through the usually fatal crisis of rupture of the tube, with the anomalous result of extrusion of the fœtus into the peritoneum and the retention of the placenta within the oviduct. I removed the suppurating embryo from the adventitous sac which had formed around it, also the placenta still in situ in the tube, the breach in the latter through which the fœtus had passed having quite healed. Mr. Bland Sutton determined the age of the embryo as 22½ weeks, at which date of course, tubal extrusion had occurred. The patient made an excellent recovery.

Hysterectomy for Uterine Fibroids.

My list comprises seven cases of this operation, all but one having recovered from this, a much more dangerous proceeding than ovariotomy.

In one case, sent by Dr. F. Shaw, there was the difficult and unusual complication of adherent pyosalpinx,

the Fallopian tube containing some three ounces of pus; this patient made a continuous convalescence. In a second patient I saw, with Dr. Hall, of Surbiton, the patient was in the throes of an attack of peritonitis; the abdomen was hugely distended with fibroid masses, and the local condition so unpromising that a specialist of repute had declined to operate some six years previously. So soon as the acute symptoms had lessened, I opened the abdomen, tied off an enormous number of omental adhesions having vessels as large as quills, tapped an ovarian cyst embedded in the solid mass, and removed the big and bulky fibroid; this patient made an ultimately perfect recovery. In yet a third instance a fold of small intestine had become adherent to the broad ligament close to the uterus, and some careful special manipulation was requisite to avoid injury to the alimentary tube. A large fibroid mass was then removed without difficulty, and the patient made an excellent recovery.

Cœliotomy for Tubercular Peritonitis.

I have operated on two cases of this lesion, both patients recovering from operation. The first case was sent into hospital on account of considerable and increasing abdominal distension. Several loose stools exactly resembling typhoid dejecta, were passed daily; dyspnœa, due to the pressure of the abdominal contents, was accompanied with a cyanotic hue of face. The abdomen was opened, a large quantity of fluid withdrawn, and the cavity flushed. The cyanosis disappeared, the dyspnœa also vanished, and the loose and frequent evacuations immediately ceased to trouble. Although well marked apical deposit existed the patient lived for at least a twelvemonth after operation, and benefited considerably from the relief gained. Up to date of my last hearing from her the fluid in the abdomen had not recurred.

Had space allowed, I should have quoted the results of many more cases, and expressed my sincere thanks to many more of my colleagues who have entrusted their patients to my care.

I must express my indebtedness to the kind assistance of Mr. Knox Shaw in the former and chief part of the work, and latterly to my colleague Dr. Edwin Neatby, since the appointment of the latter as assistant to the

gynæcological department at the London Homœopathic Hospital. To the enlightened policy of the Board of Management of this institution is due the provision of ways and means for carrying out the hospital part of this work, so valuable to the position and reputation of the charity. And to the invaluable aid of Dr. Roberson Day as anæsthetist is due the fact that in many of the most protracted and complicated cases there has never once been the least hitch in the even progress of the induction and maintenance of anæsthesia.

CONSULTATION DAY, LONDON HOMŒOPATHIC HOSPITAL.

Reported by Dr. Washington Epps.

Consultations have been held on November 16th and December 7th, when the attendances have been very satisfactory, seventeen medical men attending on the first day and twelve on the second. The cases exhibited have been varied and of considerable interest. At the last meeting a case of Bazin's disease was shown by Dr. Epps, the description of which will be given in a future number of the *Review*.

The following are six of the cases exhibited:—

Case I.—*An Abdominal Tumour?*

Dr. J. Galley Blackley showed this case, which had been sent into the hospital for abdominal tumour. The woman, aged 30, a housemaid, an abstainer, was somewhat emaciated, and came of consumptive parents, who had died at 34 and 24 of phthisis. Since 1882 she had suffered from "bilious attacks," namely, headaches and vomiting (green or yellow, once slight hæmatemesis), which generally followed any hard work, and were becoming more frequent during the last three months, necessitating the staying in bed about one day in each week. She had pain in the epigastrium, unconnected with taking food, which was paroxysmal in character and of four years' duration. The catamenia were regular, painful and profuse, and generally preceded or followed by "bilious attacks."

Present condition: chest normal; liver dulness normal; no history of jaundice; bowels regular; seldom

diarrhœa. The abdomen was flaccid, except over the recti, which were generally tense. There was some pain and tenderness in the immediate region of the umbilicus and between it and the sternum, but no definite tumour could be felt, only a sense of resistance. Percussion note, over seat of pain, tympanitic, impaired in epigastric notch. Abdominal respiration good. The sense of resistance extended 1½ inches on each side of the umbilicus. Pulsation could be readily felt over this area, but no bruit could be distinguished. The vomit had been once examined and was found to contain micrococci, but no sarcinæ.

At the consultation, Dr. Blackley mentioned that the difficulty in examining the abdomen was then greater than on previous days, when the separation of the recti from the various abdominal organs was very much plainer. He thought the swelling was possibly a "phantom tumour" limited in size to half an orange. The pulsation felt was never expansile.

Several members of the staff examined the patient, but not one was able to find a tumour. Some members would not be certain until the patient was put under an anæsthetic.

Mr. Knox Shaw also wished to see the patient under an anæsthetic. He suggested the possibility of a small hernia of peritoneal fat, or of a small nodule of bowel causing a hernia in the mesentery. Some of these cases of mesenteric hernia caused extraordinary symptoms.

The following day an anæsthetic was given, and Drs. Blackley and Burford examined the patient. The so-called tumour proved to be a tense rectus. The lumbar vertebræ could be most distinctly felt, with the aorta pulsating over them, but no tumour. The case was very interesting in showing the difficulty in differentiating a tumour in this region without an anæsthetic, and the liability to error in diagnosis.

No suggestions as to treatment were made.

Case II.—*A Case of Enlarged Liver and Spleen.*

Dr. Byres Moir brought up this case from Barton Ward for diagnosis and suggestions as to treatment.

The patient was a little girl of 12 years, who had suffered in a similar way, on and off, for the last three years, and had been in the hospital on three previous

occasions. She had previously suffered much from headaches and attacks of epistaxis, but these had not been noticed of late.

The present attack began a week ago with pain and vomiting and epistaxis specially at night; previously she had been well for some months.

The girl had dark hair and long eyelashes. The pupils were very much dilated. The tongue slightly coated, with enlarged papillæ. The pulse 80, of good tension. The respiration and percussion note of lungs normal. The apex beat was inside the nipple line, where a short presystolic bruit could be heard. There was an area of dulness in the splenic region, but it was difficult to define because of the stomach note.

The liver dulness began at the fifth rib and extended a finger's breadth below the ribs. Edge distinctly felt. The spleen could be felt as a large mass extending below the level of the umbilicus, and from there up to the epigastric notch.

The knee jerks were normal, no ankle clonus was present, and no edema of the ankles.

Blood. Red corpuscles 4,270,000 per c.m.m., proportion of white to red corpuscles 1 to 102. A few megalocytes and microcytes were present.

The temperature throughout was normal.

Dr. Moir had been giving ceanoth. 2x ♏ii t.d.s.

At the consultation Dr. Dudgeon suggested carduus and arsenicum as appropriate remedies.

Dr. Johnstone considered the enlargement simple hypertrophy (sporadic enlargement) as the swelling disappears with rest and careful nursing.

Dr. Burford thought the pulse showed high tension and suggested that the enlargement was due to excessive secretion of uric acid, which was deposited in the liver, spleen and fibrous tissues. He suggested as remedies the iodides and salicylates, when the urine would be found loaded with urates. He would also cut off all meats from the diet.

Mr. Dudley Wright suggested the faradic current.

Dr. Roberson Day did not think the pulse showed high tension. He had noticed an alteration in the size of the liver and spleen after meals. As there was no history of typhoid, he was rather in favour of a malarial origin.

Sphygmograms were taken the day after the consulta-

tion (October 19th), and on October 27th and November 6th. Five tracings in all were taken at different times in the day, but neither of them gave the smallest evidence of high tension.

CASE III.—*An Abdominal Tumour in a Coloured Woman, for diagnosis.*

Dr. Lough sent up this patient for diagnosis, as he did not agree with her previous doctor's opinion that she had an ovarian tumour.

H. F., single, aged 37 years, born in the Sandwich Isles. She had influenza and pleurisy twelve months ago. Six months later her doctor noticed a swelling in the abdomen. For five or six years the catamenia had ceased. She occasionally had leucorrhœa but never any flooding. The flow previously had been considerable, but never excessive. She could not remember when the catamenia began, and had never had pain at these times.

In the umbilical region was a hard nodulated tumour, movable, slightly tender, with a clear percussion note above and on each side, but not below. The tumour was only slightly tender on pressure. The woman was otherwise in apparently good health.

Dr. Carfrae, after bi-manual examination, diagnosed the growth as one of multiple fibroid, and as there were no urgent symptoms, advised leaving the tumour alone.

Dr. Neatby agreed in the above diagnosis. He found the tumour attached to the posterior wall of the uterus and too freely movable to be malignant. He stated that the period of six months, during which the tumour had been noticed, showed nothing, as these fibroids often existed for years without being noticed. He considered the amenorrhœa, in this case commencing at about 31, unusual but not unknown.

Mr. Knox Shaw concurred in the above opinion.

CASE IV.—*A case of Neuropathic Origin.*

Mr. Knox Shaw sent up this case from his eye clinic, and asked "What is the primary lesion?" He had only seen the case on the previous day, and being unable to be present himself sent the following brief notes:—"Spasm of the left orbicularis and spasmodic action of the left ocular muscles; vertigo; a partially dilated

pupil; vision unaffected; some lesion of the third nerve and other symptoms pointing to a neuropathic origin."

At the consultation the following additional symptoms were observed:

The patient was a tall, broadly-built, apoplectic-looking man of 43; married; three children; the third died young.

Pupils, left larger than right; left pupil absolutely inactive to light and accommodation; right pupil less absolutely inactive; marked inability to stand with his eyes shut; unsteadiness of gait with eyes shut; right leg drags slightly; knee reflexes absent on both sides; feelings of pins and needles in feet. He had very sharp pains in legs, hands and fingers, the pains in the legs being of a darting, burning character, and at times lasting, in varying degree, for seven hours. Patient had had gonorrhœa at 21 and a venereal sore at 15.

The diagnosis was, commencing locomotor ataxia due to spinal degeneration.

Dr. Dudgeon suggested argentum nitricum, which would meet the darting, burning pains.

Mr. Dudley Wright considered the case one of commencing locomotor ataxy with interesting ocular symptoms, *i.e.*, ophthalmoplegia interna (Hutchinson) and also paresis of the orbicularis and levator palpebræ superioris sinistra.

Case V.—*An Ulcer of the Lip, for Diagnosis.*

Dr. Byres Moir showed this case of extensive ulceration of the lower lip.

The patient was admitted into Hahnemann ward on October 31st, 1894, suffering from an ulcer on the lower lip. The lesion began in the end of last June on the lower lip, towards the inner side, with a few small blisters. None of these blisters ever broke, but they extended in a widening circle. A fortnight later a fissure appeared in the right angle of the mouth, which extended and ulcerated. The patch on the lip did not suppurate until after lunar caustic had been applied (six times) three weeks ago. The lip was œdematous, and the œdema had much increased during the last week. The glands in the neck and under the jaw had become enlarged and tender during the last ten days.

Previous History.—Patient, aged 32, painter, had led a dissipated life when young. Five years ago had gonorrhœa, and two or three weeks later, a small sore appeared on the glans, which disappeared in about a week, and was not followed by sore throat or rash. Patient was under treatment for six months and thinks he was given mercury. Patient had been married $1\frac{2}{12}$ years, but had no children. Parents and sister and brother living. One brother died of peritonitis.

Present condition.—Patient was a strong-looking man. The lower lip was everted and very œdematous. On the middle of the upper and inner surface was a ragged, irregular ulcer, the edges not indurated, the floor covered with thin pus. The extent of the ulcer was about $1\frac{1}{2}$ in. by 1 in.

At the right angle of the mouth was another ragged ulcerated surface, extending on to the upper lip and cheek. A considerable part of the ulcer, which discharged freely, was covered with hard, heaped-up scales. The surrounding tissues were non-infiltrated.

The glands under the jaw on both sides had become enlarged about a fortnight before being first seen. The patient has been taking hydrarg. biniod. gr. $\frac{1}{100}$ ter. die. for ten days, during which period the ulcers had slightly improved.

The final diagnosis, which lay between a syphilitic sore, an epithelioma and an irritated simple ulcer, was postponed until a small piece of the ulcerating surface had been examined microscopically and the specific treatment had been continued longer.

The provisional diagnosis was about equally divided between syphilis and epithelioma. Dr. Epps mentioned that Erichsen in his system of surgery (6th edition) gave an illustration of a similar case in a man of 21 years, which was an epithelioma.

At a subsequent consultation day Dr. Johnstone showed a microscopic section taken from the edge of the ulcer at the angle of the mouth and gave the following description of the specimen. "The growth is not epitheliomatous. There is a large amount of small cell infiltration, showing itself as a large bos or protrusion on the surface. The normal epithelium changes its normal character at the edge of this mass and climbs over it as a thin layer of squamous cells, which

ultimately stop at the edge of an ulcerated surface. The condition is that of a granuloma, probably syphilitic."

After the consultation, the patient was put on ac. nitric internally and a weak lotion of the same acid applied locally, and at the end of about a fortnight both ulcers had completely healed, clearly showing that the disease was specific.

Dr. Johnstone also showed a microscopic section of a tumour on the cheek, removed by Mr. Dudley Wright, and which was exhibited by Dr. MacNish on October 19th last. The diagnosis at the time was divided between epithelioma (nine members) and rodent ulcer (three members).

Dr. Johnstone described the microscopic appearances as that of "a proliferating papilloma of the skin, with a tendency to spread into the deeper layers of the skin. In some places the epithelium showed a tendency to infiltrate the surrounding tissues, but as a rule it was confined in large masses. The case was evidently one of a simple growth taking on a malignant character."

As reported in the last *Review*, the tumour was removed the following week, and the wound healed at once.

Case VI.—*A Nasal Case.*

Mr. Dudley Wright showed this interesting case of gumma of the nasal bones in a young man of 23. When first seen by Mr. Wright, on August 20th, the man had been ill about five weeks. The disease began as a cold in the head, and soon afterwards a pimple appeared on the left side of the bridge. The nose was (August 29th) swollen at the root, and there was a swelling over the left nasal duct. The left nares was obstructed, the turbinate bone increased in size, and the right nares congested. There was also chronic pharyngitis and headaches. Patient had had syphilis, chancre, bubo and ulcerated throat, three years before.

The swelling was at first over the left nasal bone near the inner canthus, afterwards it attacked the right side also. The swelling was bright red and fluctuation was present; and internal examination of the nose showed considerable swelling of the septum on both sides, that

on the left almost blocking the passage, and a considerable quantity of purulent discharge.

Examination of the eyes. "Haziness; veins engorged; slight optic neuritis." The treatment had been aur. mur, 3x gr. ii., 4 tis hor. for four weeks with marked improvement and afterwards Pot. iod. gr. v. t.d.s., and an alkaline lotion. The diagnosis and treatment were confirmed.

REVIEWS.

Essentials of Homœopathic Materia Medica, being a Quiz Compend upon the principles of Homœopathy, Homœopathic Pharmacy and Homœopathic Materia Medica. By W. A. Dewey, M.D. Philadelphia: Bœricke and Tafel. 1894.

Dr. Dewey was one of the professors of Materia Medica at the Hahnemann Hospital College, San Francisco, and is joint author of the *Twelve Tissue Remedies* of Schüssler. He should therefore be a judge of what is required by students preparing for their examinations in the United States. This little work is certainly a novel one, and brings out a number of the important powers and characteristics of the drugs treated of. For junior students seeking to gain a knowledge of the general action of drugs, this book may be of occasional use.

We regret, for more reasons than one, to see sentences like the following refined nonsense:—

"What is the temperament of the sulphur patient?"

"Light complexioned easily angered people, who have a harsh, dirty skin, and who are afraid of water; children look tired, dirty and old, 'use their sleeves both for a handkerchief and looking-glass;' the patient is coarse in fibre and dirty in habits, and walks stooped from weakness of the spine."

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The third meeting of the session was held on Thursday, December 6th at the College of Organists, Dr. Byres Moir, president, in the chair. The president announced to the society the death of one of their corresponding members, Dr. Dake, and it was resolved that a vote of condolence be sent to his family.

Dr. C. Wheeler showed for Dr. Cooper a specimen of aural polypus, together with some forceps of a new construction used in its removal.

Dr. Johnstone showed for Dr. Neatby a large dermoid cyst removed by abdominal section, and also a microscopic section of the wall of the cyst.

Mr. Gerard Smith read a paper on *Corrective posture in lateral curvature of the spine*, in which he discussed the diagnostic value of corrective posture, his argument being illustrated by some very good drawings. He showed the indications given in correction by posture in cases of lateral deviation and in rotation.

Dr. MacNish read a paper on *Tuberculous affections of the cervical lymphatic glands*. The paper was founded on the experience gained in 100 cases treated in the surgical department of the London Homœopathic Hospital. The arguments both for and against medical and surgical treatment of these cases were carefully given, and cases illustrating the various methods mentioned. Etiology was discussed, and the results of cases treated with tuberculin given. In the discussion that followed, Mr. Knox Shaw, Dr. Dyce Brown, Mr. Dudley Wright, Dr. Cash Reed, Dr. Goldsbrough, Dr. E. Blake, Dr. Hughes, Dr. Neatby and Dr. Moir took part.

Dr. Wynne Thomas then read a paper on *Nocturnal Enuresis in Children*. He referred to the causes of its existence and urged a most careful examination of the patient for any probable local cause, mentioning contracted meatus, tight foreskin, thread worms, acid urine, stone, &c. He next discussed the mechanism of urination and the effect of sleep upon the bladder muscles. He felt it was impossible to lay down any plan of treatment, each case must be individualised. He alluded to the medicinal treatment of various cases, also the value of certain mechanical applications, and finally particularised the electrical treatment of some cases. Dr. Dyce Brown, Dr. Hughes, Dr. E. Blake, Mr. Gerard Smith, Dr. Morrisson, Dr. Cash Reed, Dr. Roche and Dr. Byres Moir took part in the discussion that followed.

NOTABILIA.

MR. THEOBALD AND THE MEDICAL COUNCIL.

We very much regret to find, from the Report of the proceedings of the Medical Council as given in the *Lancet* and *British Medical Journal* of the 8th ult., that Mr. Theobald has had to pay a heavy penalty for his support and use of Count Mattei's medicines. That we have no sympathy with the using of these preparations our readers must be well aware from the references to them which have appeared in our pages on various

occasions during the last twenty years. The fact that the nature of them is unknown would, in itself, be sufficient to condemn them. That their use is based upon no principle, on nothing, in short, but the *ipse dixit* of an Italian Count, gives any one who does prescribe them no justification for the responsibility he assumes in doing so.

While we have no hesitation, and never had any hesitation, in refusing to entertain any feeling for them as medicinal agents other than one of contempt, we recognise at once that other members of the profession, whose integrity we would not for one moment impeach, regard them in a totally different light, and have set forth their reasons for doing so in a manner which, to them, justifies their confidence in them. This is the position occupied by Mr. Theobald.

The College of Surgeons regarded his use and advocacy of these medicines as contravening that bye-law of the College which prohibits a member from employing secret remedies in his practice. Secret remedies have, however, been used at all times. Many years ago "Dr. James' Powder"—the composition of which was for long unknown, was a favourite febrifuge; Dr. Warburg's Tincture was a secret medicine until its formula was published in the *Medical Times and Gazette* for 1875; but for many years previously it had been frequently prescribed by members of the College and others, and had an extraordinary reputation in India in the treatment of remittent and malignant fevers. The mode of preparing a remedy may be unknown to the practitioner, but if he has evidence, which satisfies his mind, that it is useful in certain conditions where other medicines the preparation of which is known to him—more especially when he is ignorant of any therapeutic law or rule to guide him in the selection of his medicine—surely the obligation he has accepted, to do "the best he knows" for the relief of those who consult him, would compel him to prescribe the secret remedy?

At the same time, we must remember that, whatever may be the apology offered for the use of a secret medicine, "the practice has," as Dr. John Gregory said, "an interested and illiberal appearance."

To pass from generals to particulars. We see that Mr. Acland in his defence of Mr. Theobald, very forcibly, as we think, insisted that he had honestly advocated the use of these remedies, that he really believed that they were of use in the cure of disease; and he argued from this, that, in that case, there was nothing "infamous" in advising or using them. Mr. Theobald, in his correspondence with the College, had declared that the secrecy attending the preparation of these medicines had always been distasteful to him, and that he

had urged Count Mattei on several occasions to abandon this secrecy. The Count was too good a business man thus to deprive his goods of the only charm they possessed, and he took no notice of Mr. Theobald's appeals.

But the unknown character of the preparations themselves was not all that was alleged against them. They had been submitted to an analytical chemist for examination, and he could not detect anything in either of the fluids but water. Probably not. The chemists of 50 years ago could find nothing more potent in many fluids in which poisonous matter can now be detected; and the chemists of 50 years hence will in all likelihood detect matter in fluids, which the chemists of to-day declare to contain none whatever; simply because they cannot find it! Take, for example, a drachm phial of a solution of carbonate of lime attenuated to the 30th dilution. Where is the chemist who could detect matter in that? And yet, how many are there who have given but a single drop of such a solution, morning and evening, to the young child who, soon after succeeding in his early efforts to walk, finds the tibiæ curving outwards, his nutrition wasting, his sleep restless and scalp perspiring; and having done so, have to their great delight, seen health to be restored and the limbs straightened and strengthened within a very few weeks. The degree of division to which matter can be reduced has never yet been determined. The physiological test of the presence of matter is an infinitely more delicate one than any as yet provided in the armamentarium of the chemist.

Mr. Acland in his defence said "the statute to which this Council owed its existence made it perfectly clear that a name could not be erased on the ground of the person having adopted any theory of medicine." On this Dr. Heron Watson interpolated, "Theory," to which Mr. Acland rejoined, "And practice," Dr. Heron Watson replying "No, no." "I submit," continued Mr. Acland, "that theory is nothing at all unless it is to go into practice. If that is held good then you might strike off every man who practises homœopathy." "Hear, hear," cried Dr. Heron Watson, doubtless rejoicing over the discovery the learned counsel he supposed had made for him! It was but a mare's nest after all! Both Mr. Acland and his too hasty critic were wrong in their quotation of the 23rd clause. That clause makes it clear, that a name cannot be erased on the ground of a person having adopted "*the Practice of any particular Theory of Medicine or Surgery.*" The words we have italicised are the exact words used in the Act. The clause itself does not bear upon the use of any medicines at all, whether "Count Mattei's Medicines," "Page Woodcock's Wind Pills" or "Warner's Safe Cure." There is no theory

of medicine or surgery connected with either of them. This clause relates to the putting into practice of any particular theory of medicine or surgery. Homœopathy is such a theory. Hence Dr. Heron Watson's jubilation was a little "previous." This interlude was reported in the *Lancet* only.

Whether the resolution of the Council to strike Mr. Theobald's name off the Register will hold good, should an appeal be made to a higher Court, we cannot say. But the sentence of the Council, though it may have the effect of depriving Mr. Theobald of the means of earning his livelihood in the way he has been honourably doing for the last 40 years, will not be regarded as in any degree impairing his character by those who have known him during these years. That he is a thoroughly honourable man, one who has the courage of his convictions strongly developed, every one who knows him will readily testify; as they will with equal alacrity acknowledge his generous nature and the kindness of his heart. He is moreover a litterateur of no mean order. Few men are better read in general literature or have a more vigorous command of their pen than he has. We regret, more than we can express, that in an evil hour Mr. Theobald should have ceased to rely upon the well proved doctrine of drug selection propounded by Hahnemann, and have placed his confidence in the unsubstantiated assertions of the Bologna magnate. At the same time, that in doing so, he acted in the most perfectly good faith, we have not the least doubt in the world.

COMPULSORY VACCINATION IN NEW YORK.

The English "Gaiety Girl" Company, which is now touring in the United States, had a unique experience at Daly's Theatre, Broadway, on the 2nd inst. The company were called together at the theatre in the morning. The object of the summons was not conveyed to the members till they all arrived, when the manager took his stand at the door so that none should escape. It was then conveyed to the actresses and actors that owing to Mr. Monkhouse, the leading comedian, having developed varioloid, a mild form of small-pox, all the company were required by the Board of Health to be vaccinated. It was explained that Mr. Monkhouse had been sent to the pesthouse at North Brother Island, and that the Board had sent down two doctors, viz., Dr. Harrison and Dr. Vatter, to perform the work of inoculation. There was naturally much surprise, and no small amount of commotion amongst the ladies, and when they were informed of the compulsory nature of the order some threatened to appeal to the British

Consul. By degrees, however, they settled down to the inevitable, and as the doctors had their instruments and vaccine virus, the work was commenced at the offices of the theatre. Some of the actresses treated the matter with levity, but little screams were heard in various parts of the room as the sharp lances made their incisions. After all the company had been vaccinated, the property men and scene-shifters had to submit to the process. One lady threatened to cauterise the incision, so that the operation would be ineffective, but she was told that unless the vaccine "took" she would have to undergo the process again. It is probable that a scene of the kind was never before witnessed in a theatre either in this country or in America. As Mr. Monkhouse had evidently got the infection in the States, it was suggested by one of the company that the audiences and not the actors should be vaccinated.—*Nottingham Evening Post.*

UNCONSCIOUS HOMŒOPATHY.

Our contemporary, *Medical Reprints*, gives the following extract from a paper in the *New York Medical Journal*, by Dr. S. E. Morris:—

"I was called for the first time to see Miss ——, suffering with indigestion and violent gastralgia. For some years she had been liable to such attacks, and had been compelled to limit herself to a very few articles of food. On her telling me that she obtained relief only by emesis, I gave hypodermically a tenth of a grain of *apomorphine*. The effect—to quote her words as told me the next day—'within two minutes after you gave me the injection I was entirely free from pain. I fell asleep and slept for nearly an hour, and have been perfectly comfortable ever since.' The case known to Dr. Morris's friend, a Dr. Cobb, was identical in the immediate relief from pain, followed by sleep. His patient, a physician, took four tablets of a tenth of a grain each. So far as I know, *apomorphine* is only used as an emetic, but if it should prove to have effects similar to those above described, I feel it would be a valuable addition in the treatment of such cases."

Dr. Morris's reading being, we presume, restricted to non-homœopathic medical journals, is accountable for his statement—"So far as I know *apomorphine* is only used as an emetic"; for, in our *Review* for December, 1876, at p. 766, will be found the record of a case of sea-sickness, reported by Dr. Skinner, which he promptly checked by two table-spoonful doses of a solution of ten drops of *apomorphine*, in half a tumbler of water. The case was differentiated from other

examples of sea-sickness by the following symptoms :—" The patient, who had been very ill for seven days, said that he felt as if his stomach was rolling over or round, he had nausea, thirst, headache, worse on raising the head from the pillow, the tongue was foul, and there was constipation."

The value of *apomorphine* in reflex vomiting, and in that arising from gastric disorder, has also been illustrated by Dr. Galley Blackley in the *British Journal of Homœopathy*, vol. xxxi., p. 497, and by Dr. Dyce Brown in the next volume of the same periodical at p. 497.

OVARIOTOMY DURING PREGNANCY.

On the basis of 135 tabulated cases of ovariotomy during pregnancy, the author in this paper examines the indications for operation, and the results accruing to mother and child. The cases are derived from cosmopolitan sources, although some of the English work in recent years is not included in the catagory.

Dsirne summarises the results of his examination as follows: That the danger to both mother and child is proportionate to the advance of the pregnancy. That cyst-tapping and the interruption of pregnancy are merely make-shifts of a temporary kind. That ovariotomy gives the best results for both mother and child if conducted during the second, third, or fourth month of gestation. That if ovariotomy be performed in the latter months of pregnancy. very good results, especially for the mother, may be obtained,

The indications for operation are derived from a wide area of fact. Thus in patients left without operation lethal results accrue to the mother in 25 per cent., and to the child in 75 per cent. of total cases, The risks involved in the presence of an ovarian tumour during pregnancy are manifold. Abortion not infrequently occurs from mechanical obstacles to uterine enlargement, or from incarceration of the uterus in the pelvis, or from a permanently maintained backward displacement. Torsion of the pedicle occurs in 10 per cent. of cases. Bladder troubles, dyspnœa, rupture of the cyst, œdema—these are conditions incident to the presence of the tumour. And any of these may call for urgent operation at an inopportune juncture.

The author gives statistics showing that the special mortality of this operation is about 6 per cent. of total cases. This result is much influenced by the late or early time of operation relative to the gestation; thus in the third month no deaths occurred in 80 cases operated on; in the fourth month one case died in a total of twenty-one operations; and

in the fifth month two cases succumbed out of eleven ovariotomies with this complication.

Pregnancy was interrupted by operation in 22 per cent. of the cases cited. Laparatomy in the third or fourth month of gestation, which gives the best results for the mother, is followed by fewer post-operational abortions than at any other period. And when the perturbation of the maternal organism due to the tumour is considerable, the interests of the child are safeguarded by operation. The period of gestation, the anatomical relations of the tumour, the existence of numerous adhesions, the involvement of both ovaries, all these directly influence the retentive power of the uterus under the stress of operation.

Cyst-tapping and the induction of premature labour are rightly condemned as procrastinatory measures. The frequency with which puncture has to be repeated during the progress of gestation restricts its proper sphere to inoperable cases. And the constant difficulty in exact diagnosis renders puncture of the uterus an easy error. The author records cases in which this has been done even during an abdominal section, but if the opening be sutured, and the uterine contents evacuated, usually no harm follows. Numerous cases are cited in which repeated tappings were of no permanent avail, and the radical operation performed before the end of pregnancy, with added risks from puncture and postponement. Dsirne would limit the range of cases where premature labour or abortion should be induced to those in which a tumour impacted in the pelvis cannot be otherwise reached or treated. —*Manchester Medical Chronicle.*

FASHION IN MEDICINE.

Fashion, we see, even extends to medicine and its consumption. A chemist writes that it is just as amenable in this direction to the vagaries of the day as hats and walking sticks, but we think he gets a little ahead on this. In proof of his statement he mentions that at one time within easy memory, plasters were the craze; then public opinion changed over to kidney and liver medicines. Folks who never took any particular interest in their kidneys and other machinery, began to suspect them and take precautions. After this, along came the bitters business, and they became an indispensable to every homestead where a solid appetite and a good external bearing was in demand. Pads afterwards took a prominent place in the public fancy, and what with lung pads, liver pads, and other pads, folks were considerably bolstered up. Liver, skin, and blood mixtures are scattered broadcast, and their ranks are

daily being added to, while aperient pills by the million are claiming their right to afflict the domestic economy throughout the land. If patent medicines were done away with, as has been suggested, the country would be in open insurrection. The liver gentleman and the nervous old lady who were deprived of their pill or potion by legislature, would become terrible troubles in the land, and their letters would, at least, fill the *Times*.—*Monthly Journal of Pharmacy.*

MEDICAL ETIQUETTE AMONG THE ANCIENTS.

THERE is an old manuscript in the National Library, at Paris, which has the following:—"On approaching the patient you should assume a calm expression and avoid any gesture of greed or vanity, greet those who salute you with an humble voice, and sit down when they do. Then turning to the sick person, ask him how he is, and examine his urine. To the patient you promise to cure, but immediately on leaving the room you say to the relatives that the disease is grave. The result will be that if you cure him, your merit is greater, and you will receive the greater praise and fee, while, if he dies, they will say that you had no hope from the first." On the subject of table manners for the doctor, it proceeds to say:—"When those who preside over the house ask you to the table, conduct yourself in a seemly manner. Each time that a new dish is brought on do not fail to ask for the condition of the patient. This will give him great confidence in you, as he sees that in the midst of the variety of the repast you do not forget him. On leaving the table return to the patient, and tell him that you have dined most excellently, and that everything was served to perfection. The sick person who was anxious about these points will rejoice at your words."—*Monthly Journal of Pharmacy.*

ABNORMAL SWEATING.

DR. FRAZER NASH reports (*The Lancet*, April 2, 1892) the case of a Hindu boy upon whose skin a crystalline deposit formed, which suggested the idea that he had bathed in a saturated solution of some salt, which had, in drying, deposited its crystals. The latter were glistening and amorphous to the naked eye, and required some friction to remove. About the head the crystals were larger than elsewhere. After two or three months of tonic treatment the crystals ceased to appear. The author had seen a number of similar cases, always in natives, but had been unable to discover the cause or the nature of the crystals. The urine was usually normal, and no irritation of the skin appeared to be produced by the deposit.—*Medical Record.*

FIRST SIGN OF THE MENOPAUSE.

NAPHEY says: "In the change of life the first sign is visible at the lower part of the neck, on a level with the lower two cervical vertebræ. There commences an accumulation of fat, which often grows to form two distinct prominences, and is an infallible index of the period of a woman's life."—*New York Medical Times.*

KEENE AND ASHWELL'S PHYSICIAN'S "CASE-BOOK AND DIARY" FOR 1895.

WE have received a copy of the above case book and diary. It has been found hitherto such a valuable and necessary part of the consulting room accessories that we need not do more than again strongly recommend every practitioner to possess himself of a copy.

OBITUARY.

CHARLES RICHARD CUTMORE, M.D., M.R.C.S.

WE regret to have to record the death of Dr. Cutmore, at the age of 76. He had been in failing health for some years, and succumbed on the 18th of December. He formerly was surgeon to the Dover Eye and Ear Institute, but for many years practised in Kensington, where he was esteemed by his patients. He was the author of a work on *Diseases of the Ear.*

CORRESPONDENCE.

VACCINATION.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The note which you append to my letter in the *Monthly Homœopathic Review* of the 1st October last, makes me more anxious than ever that the Homœopathic branch of the Profession should not hastily commit themselves to a support of vaccination. For instance, among the inaccurate statements that have found credit with you is the following:—"In the former epidemic," 1871-8, "there were 198 deaths under 10 years of age, in the latter 14. Mr. Biggs, however, carefully omits to state whether any of the 198 children who died were vaccinated." On turning to the reprint of Mr. Biggs' letter in the *Vaccination Inquirer* for July last, p. 59, I find he says that, "during the epidemic of 1871-78 there died of small-pox in Leicester and its hospital, which was hastily erected on Freake's ground, no fewer than 198 children under 10, nearly all of whom were vaccinated."

As to the alleged fatality of the unvaccinated cases at Birmingham being more severe amongst the unvaccinated, I regret that I cannot accept the official accounts. All names and addresses are refused me; and where I have been enabled to trace them, I have found persons inaccurately entered in the death certificates as "not vaccinated," or "doubtful," who really had been vaccinated. From such inaccurate certificates only falsified statistics can be compiled. I have offered to prove these facts before the Royal Commission, or any properly constituted body, but inquiry is refused.

Then as to the statement you quote, that "There were no deaths in Leicester

"(1) Among the re-vaccinated.

"(2) Amongst those who had had a previous attack of small-pox.

"(3) Among the vaccinated children under 10."

The first person who died of the disease was one William Harbott, a pensioner, who had served in the Marines, and who must therefore, in accordance with the stringent regulations of the Navy, have been re-vaccinated several times. Further, Mr. Biggs says, p. 56 of *Vaccination Inquirer* for July, that "Very many of the vaccinated and re-vaccinated cases were fearfully severe, not a vestige of natural features remaining, the "effluvia" being particularly offensive, while if ever a case of "black" smallpox occurred it was the vaccinated (probably re-vaccinated) laundress of the hospital staff who died. When I saw her a few hours before death, I observed to the nurse that she looked more like a negress than anything else."

As to those under (2), it is curious that the tramp, W.S., who introduced the epidemic into Leicester, was "doubly protected" by being well vaccinated, and by a previous attack of small-pox." If it is intended to convey the impression that a previous attack of small-pox protects from death, it is worth while quoting the report presented by the Birmingham Health Committee to the Council on the 25th July, 1893, p. 9. "Four patients had previous attacks of small-pox. One of these had a severe hæmorrhagic attack and died; two, aged 80 and 49 years respectively, had severe confluent attacks, one being dangerously ill, and in the other case the attack was mild. This confirms the conclusion derived from the results of other epidemics, that re-vaccination is a more certain prophylactic than an attack of small-pox." All one can certainly say is, that both forms of "protection" fail to prevent death.

As to (3), there are so few vaccinated children in Leicester, and the five of them who took small-pox, though a large per-

centage, are so minute a number, that a death among them would have shown a portentous fatality rate. One must therefore go back to a comparison of thoroughly vaccinated Leicester of 1871-3, and thoroughly unvaccinated Leicester of 1892-4, for a generalisation, and the law disclosed is this more vaccination, more small-pox. And this, I believe, holds good everywhere.

As to the question whether the alcoholic treatment at Leicester prejudiced the chances of recovery of the patients (in which case, as most of the patients in an unvaccinated community cannot be but unvaccinated, the argument as to the validity of the rite would be greatly affected), I would quote Dr. John Moir, L.R.C.P., Edin., medical superintendent of West Ham Infectious Diseases Hospital:—

"In the hospital ships at Long Reach, Deptford, Dr. Birdwood, the medical superintendent in 1886-7, treated the cases under his care there without alcohol, with the surprising result that the mortality was only 6 per cent. The results obtained by Dr. Birdwood determined me to treat my small-pox cases since 1886 without alcohol, with the result that the average mortality in the last 500 cases treated by me has diminished from 17 per cent. to 11 per cent., and in the last 200 cases has been only 8 per cent. So many apparently hopeless cases have I now seen recover without the use of alcohol, which in my former experience, did not recover with its use, that I do not regret the substitution of safer remedies, and I should be afraid again to treat small-pox cases with alcohol, fearing that the mortality would again rise, and that my treatment was responsible for that rise and consequent loss of life."

The out of date alcoholism of the Leicester treatment was, according to this test, responsible for seven out of the 14 children who died. But neglect of isolation, old-fashioned treatment, alcoholism, a plague of vermin in the hospital—nothing seemed able to make small-pox catch on in the old style in Leicester. Here in Birmingham (where "compulsory notification, disinfection, &c.," are in full force, with all the advantages of a good natural site, on gravel, with everything in our favour, except that our population is thoroughly vaccinated, as that of Leicester was in 1871) we are suffering from a huge epidemic; with a total so far of about 3,000 cases, and about 200 deaths. And scores of cases occur every week. There were 69 cases last week. How can this be explained, except on the now fairly demonstrated law; more vaccination, more small-pox?

The statement that vaccination does promote small-pox and other zymotic disease, so far from being absurd and groundless,

is set forth in the diagrams appended to the fourth report of the Royal Commission, in a way that admits of no denial. In these marvellous diagrams, A to P, Mr. Biggs gives the health history of Leicester from 1838 to 1889, as taken from the official figures, also set forth in over 50 tables. The learned Chairman exhausted the resources of forensic and arithmetical skill in the vain effort to impeach the accuracy of these scientific records. I would that every homœopath would scrutinise them as carefully as he would (say) the statistics of cholera treatment in London. Here it will be enough to draw attention to diagram G, in which the dreadful results of compulsory vaccination in Leicester are shown in a way that any schoolboy could understand. The lethal curve of vaccination is given, as the rite was stimulated by the successive Vaccination Acts of 1853, 1867, and 1871, and as quinquennium after quinquennium leaps to the top of the diagram so surely does the column of zymotic death bound up after it. In 1872 the people rose against oppression, and though thousands were fined, imprisoned, or sold up, steadfast resistance pulled down the fatal curve of vaccination. And, as fast as it fell, so fell the amount of zymotic death. People talk of the "Butcher's Bill" at Leicester; if a line be stretched in diagram G from the top of the column of 1852 to that of 1888, the record of death above that line will be the real Butcher's Bill due to this terrible blunder. In answer to question 17,294 Mr. Biggs tells the story in these words:—"Calculating the general effect of the respective death-rates upon the population of Leicester we have the following results, by comparing the death-rate of the fatal vaccination period, 1868-72, with the death rate for 1888-89, when vaccination is almost entirely absent. The zymotic death-rate for the former period was about 680 deaths for each of the five years in excess of our present average annual zymotic death-rate. This would mean on our present population a total increased loss of about 3,390 lives from the seven principal zymotic diseases in five years of high vaccination. . . . This represents an actual loss of about 555 lives per annum on our estimated population, or 2,775 deaths for a period of five years." Thus we seem to have pretty conclusively established a second law, namely, more vaccination, more zymotic disease.

The references to cow-pox that Hahnemann makes at pp. 426 and 730 of his *Lesser Writings* are not studies of vaccination, but merely illustrations of his views of syphilis and scarlet fever. They are interesting as showing that he, too, was probably deceived, as so many medical men have been, by the use of variolous matter as vaccine. The pustules and

pains which he describes appear to me to relate to inoculated small-pox, and not to the chancres of cow-pox. But this is too vast a subject for the end of a letter, so I would only beg you to read Professor Crookshank's evidence before the Royal Commission, fourth Report. In answer to question 11,194, he says: "*The lymph distributed all over the country and over the Continent was variolous lymph.*" The italics are not mine.

The correspondence in the *Times* lately between Mr. Ernest Harl and Mr. Hopkirk on the vaccinist side, and Mr. Tebb, Mr. Biggs, and Mr. Milnes on the opposite side, has shown on which side the facts and the science are. And I again earnestly plead with homœopaths to pause before they taint our sacred cause with a careless or uninformed advocacy of an expedient so hopelessly lost as the contrivance of the slovenly Jenner. They should read the evidence of Dr. Creighton and Professor Crookshank, as recorded in the Proceedings of the Royal Commission, before coming to a decision which may do more than merely damage personal reputation.

Yours faithfully,

A. PHELPS.

Edgbaston, 7th November, 1894.

[Our correspondent complains that we were inaccurate, when referring to the epidemic of 1871-78, in saying that Mr. Biggs carefully omitted to state whether any of the 198 children who died at that time were vaccinated, and tells us that in a published letter Mr. Biggs has said that nearly all of these 198 children were vaccinated. How can Mr. Biggs possibly know that they were so? His assertion is, as he has admitted elsewhere, not founded upon knowledge, but upon an "impression which operated upon his mind." His answers to the questions of the Chairman of the Commission (13,607 and 13,608), prove that such was the case. "I remember," he says, "from some public meetings that were held at the time, that a statement was made that at least 10 out of every 11 who suffered from small-pox had been vaccinated. I tried to look up the returns, but found it impossible to get any accurate returns as to the vaccinated and un-vaccinated. * * * But the impression that operated upon my mind was, that a larger number suffered who were vaccinated than who were unvaccinated." Then again in his answer to question 15,719, he told the Chairman that "the Record Book of the hospital for the year 1872 was missing altogether." We can assure our correspondent that we do not regard "impressions" as evidence at all, and more especially so when they are represented as being equivalent to a fact of which there

is such obvious proof as the presence or absence of the cicatrix invariably left after a successful vaccination. It is the impression left by the healing of the vaccine vesicle that is evidence of vaccination having been performed, not that operating on the minds of persons anxious to sustain a foregone conclusion. Moreover, the authentic history of all epidemics renders the "impression" that 198 children under 10 years of age, "nearly all of whom were vaccinated," should die of small-pox, in the highest degree improbable. In the following 10 towns, Brighouse, Manchester, Salford, Glasgow, Liverpool, Halifax, Warrington, Leicester, Whittington and Darlaston during the epidemic of 1892–3-4, there were 79 vaccinated children under 10 years of age attacked by the disease, amongst whom one death occurred. During the same period of time in these places, 240 unvaccinated children, of the same age, were attacked, of whom 75 died. During the recent Leicester epidemic, only two vaccinated children under 10 were attacked, and upon both the vaccination marks were indistinct. Hence, the probability is that the whole of the 198 cases, "nearly all of whom" Mr. Biggs is under the impression were vaccinated, were really unvaccinated.

Our correspondent refuses to accept the statements of Dr. Hill, of Birmingham, as to the relative mortality of small-pox among the unvaccinated and the vaccinated. He does so without any ground whatever, save that he has been "unable to trace" those dead and buried unvaccinated or vaccinated cases of small-pox! Our correspondent next states that at Leicester "the first person who died of the disease was one William Harbott, a pensioner, who had served in the Marines," and "who must, therefore, in accordance with the stringent rules of the Navy, have been re-vaccinated several times." There is no "must therefore" about the matter. This man entered the Marines in 1864, and was discharged in 1879; while, the order, rendering vaccination compulsory in the Navy, was not issued until 1872! Hence the "stringent rules" which are referred to did not come into operation until eight years after he had entered. Dr. Priestley, in his report to the Leicester Town Council, states that he had no vaccination marks on his arms. Moreover the man's discharge paper was, we have heard, found to have been tampered with, the information regarding vaccination being missing, having apparently been torn away. There is not the slightest ground, therefore, for impugning the accuracy of Dr. Priestley's observation.

As to the prejudicial effects of the alcoholic treatment, we would remind our correspondent that, whatever may be urged

against it, Dr. Birdwood's mortality was 6 per cent., Dr. Moir's 11 per cent. (both his own examples of the success of a non-alcoholic treatment), while Dr. Priestley's alcoholic therapeusis, to which our correspondent is desirous of tracing the disastrous results, really due to neglect of vaccination, was only 6·2 per cent.

"More vaccination, more small-pox," our correspondent describes as a "now fairly demonstrated law." By whom has this portentous law been demonstrated? We presume that he would refer us to those "marvellous diagrams" put in before the Vaccination Commission by Mr. Biggs. We can only reply that, having carefully waded through the evidence of this gentleman, we have entirely failed to see the relevancy of his ingeniously arranged figures and astutely designed diagrams to the elucidation of such hypotheses as "more vaccination, more small-pox," and that vaccination promotes zymotic diseases generally. The process of cross-examination applied by Lord Herschell, Sir James Paget and Sir William Savory appeared to render Mr. Biggs' mountain of labour unable to produce a single fact calculated to give emphasis to either of those "impressions" which seem to operate upon the anti-vaccination mind.

To describe Jenner as "slovenly" is, to say the very least, discreditable even to an opponent of vaccination, particularly so to one who poses as though he had been a student of the literature of the subject. What Jenner, in his quiet way, foretold close upon a century ago, scientific observers of the present day are beginning to realise the truth of. The vesicle of cow-pox is the result of small-pox passed through the cow, and in this way is so modified as to be at once protective against small-pox, in the same degree as one attack of small-pox is a protection against another, and harmless to the protected. Referring to this, as he terms it, "variola-vaccine," Dr. Crookshank, (who is adduced as an opponent of vaccination, though his evidence does not lead us to think that he is so, in the same sense as our correspondent and Mr. Biggs are) in answer to the question (12,414), "You will admit that vaccination as generally practised does protect many?" replied, "Yes, for a time."

The evidence afforded by the late Mr. Marson, of the Small-pox Hospital, by Dr. Hill, of Birmingham, and Dr. Priestley, of Leicester, as to the immunity of the vaccinated and re-vaccinated officials, nurses and servants of a small-pox hospital is, to our thinking, infinitely more conclusive proof of the power of vaccination to individuals exposed to the contagion of small-pox, than all the sophistries or "impressions" of the anti-vaccinators, or the tables and

diagrams of Mr. Biggs are to invalidate this power. We will therefore quote them once more.

In the medical report of the Small-pox Hospital at Highgate for 1870, presented to the Annual Court of Governors by Dr. Munk and Mr. Marson, these gentlemen stated that "for upwards of thirty years all the nurses and servants at the Small-pox Hospital who had not previously had small-pox, have been re-vaccinated before entering upon their respective duties, and in no one instance has it failed to preserve them from small-pox."

In 1885, the late Dr. Goude, in a letter to the *Islington Gazette*, stated that no nurse or official in the hospital had up to that date contracted small-pox, with one exception, that of a gardener who escaped re-vaccination. Writing to Dr. Glover in 1893, he said that this perfect immunity continued, adding, "We now have an unbroken record of fifty-eight years, during which no nurse or servant has contracted the disease even in a modified form, and this, too, though the nurses and attendants on the sick have on many occasions accidentally inoculated themselves with variolous matter, thus putting the protection afforded by vaccination to a really crucial test. We have had no injurious effects from re-vaccination beyond those which are inseparable from the operation, such as malaise and occasional tardy healing of the vesicles." (*Lancet*, July 28, 1894). In reply to an enquiry whether this most gratifying experience continued, Dr. Goude's successor in the office of medical superintendent has informed us that "the record is still unbroken."

BOSTON MAR 25 1915

"Over 100 persons," writes Dr. Hill, "have been engaged on the staff of the Small-pox Hospital, all of whom had been recently re-vaccinated. They have waited upon the patients, and have come into close contact with them, have prepared their food, washed their clothes, and have breathed an atmosphere charged with exhalations, and they have thus, to the fullest extent, been exposed to the small-pox virus. Yet not one of them has contracted small-pox" (p. 43.) If our correspondent chooses to doubt this official statement of his fellow citizen, he can probably "trace" these 100 persons, as, unlike the children he "failed to trace," they are, thanks to re-vaccination, probably alive!

Birmingham, we would also remind our correspondent, has during the past year afforded another striking illustration of the fatal folly of neglecting re-vaccination. The workhouse and its infirmary are contiguous to the small-pox hospital of the city. The guardians therefore, on the outbreak of the epidemic, directed all the nurses to be vaccinated. One in the workhouse and one in the infirmary refused to submit to

the order. Both contracted the disease and both died in consequence. Not one of the vaccinated nurses were affected. The former he cannot trace, the latter he may be able to find.

Dr. Priestley writes (p. 109 of the Leicester Report), "At the time of the small-pox outbreak at the end of 1892, our Fever Hospital Staff consisted of 1 medical superintendent, 1 matron, 15 nurses, 1 cook, 3 wardmaids, 4 laundresses, 1 stoker, 1 porter and his wife—making 28 persons in all. Of these 28, 22 were 'efficiently' protected, either by a previous attack of small-pox or by re-vaccination (including 8 whom I re-vaccinated) while the remaining 6 had only been vaccinated in infancy, and were not, therefore, 'efficiently' protected. Of these 6 'inefficiently' protected officials, all of whom refused re-vaccination, which I offered them, 5 contracted small-pox and 1 died."

Our correspondent appears to be very anxious that those members of the medical profession who practise homœopathically should cease to advocate the practice of vaccination. A sentence in the introduction to a paper entitled *On the Present Doctrine Concerning Vaccination*, published in *The British Journal of Homœopathy*, in 1868, is as true now as it was when it was written, and we have no doubt that it will continue to be so; certainly we should be very sorry if we saw any reason for such a doubt. "It is possible that there are some amongst us who have taken up homœopathy, not so much from scientific conviction as from a tendency to heresy, who follow it as they do mesmerism, phrenology and spiritualism, to say nothing of religious eccentricities; and to such a habit of mind the denial of the truth of vaccination comes easy enough. But we are sure that the great mass of our body, both here and abroad, are as sound in their doctrine and consistent in their practice in regard to vaccination as any of their brethren of the old school."—This correspondence must now cease. Eds. *M.H.R.*]

A LAST WORD ON THE SEARCH FOR THE SIMILLIMUM.

To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—In his original paper in your October number, "On the Discovery of the Simillimum," Dr. Black, in his natural desire to demonstrate the superiority of his own practice, contrasts some cases treated by himself with a case of mine which he disinters from an old volume of the *British Journal of Homœopathy*, where it had lain buried for nearly 40 years. This case, he alleges, "only shows that Dr. Dudgeon

forgot that the totality of the symptoms constitutes the true picture of disease and the best guide to treatment;" in other words, that I had neglected these elementary principles of homœopathic practice; whereas, his cases show that he faithfully observed these principles. The old Scotch saying, "Ilka ane thinks his ain craw the whitest," expresses a very natural tendency of the human mind, and so we cannot wonder that Dr. Black should think his treatment vastly superior to mine. In your November number I endeavoured to show that Dr. Black's "craws" were not quite so white, nor my venerable old "craw" quite so black as he represented. I showed that he had committed the blunder of supposing that I had taken my symptoms of *mercurius* from those recorded by Allen under that heading, though the latter were not published for more than a score of years after my case was treated, and though they are not the records of provings, but are a collection of the toxical effects of mercury observed from exposure to mercurial vapour, from overdoses of blue pill, and from the excessive use of mercurial inunctions.

Dr. Black now says that he went to this collection of Allen's "not doubting that this was the preparation of mercury he [*i.e.* I] had prescribed." Which preparation? I would ask: mercurial vapour, blue pill, or mercurial ointment? Rather queer preparations for a homœopathist to employ, methinks. I showed that I had gone to Hahnemann's *Materia Medica Pura* for my symptoms of *mercurius*, and that I found there, among other symptoms corresponding to my case, this one: "Inflammatory swelling in the region of the lachrymal bone," which seemed to me to be the nearest analogue to my case to be found in our pathogenetic records, and yet *mercurius* failed; whereas, *silica*, which shows only a slight resemblance in the symptom: "Swelling in the region of the right lachrymal gland and of the lachrymal sac," was the remedy which apparently cured. Dr. Black asserts that the *mercurius* symptom does not refer to the lachrymal sac, but that the *silica* symptom does. "Hahnemann," he says, "was not the man to say 'region of the lachrymal bone' if he meant lachrymal sac." I cannot pretend to the intimate knowledge of Hahnemann's mind which Dr. Black apparently possesses, but, from my slight acquaintance with his works, I would be inclined to say if Hahnemann meant that *mercurius* caused inflammatory swelling of the lachrymal bone he would not have written "region of the lachrymal bone," and, similarly; if he had meant that *silica* caused swelling of the lachrymal sac he would not have written "region of the lachrymal sac." I should mention that the word "Gegend," translated "region," means, strictly speaking, "vicinity" or "neighbourhood,"

and surely the lachrymal sac is in the vicinity of the lachrymal bone.

Dr. Black having been shown that the symptoms of *mercurius* in the *Materia Medica Pura* were rather unfavourable to his statement that I had forgotten the elementary principles of homœopathic practice in the treatment of my case, proceeds, on the time-honoured forensic principle of "when you have no case abuse the opposite counsel," to disparage the proving of *mercurius* in the *Materia Medica Pura*, and especially the symptoms contributed by Hahnemann's son, Friedrich, on the authority of Dr. Hughes. Everyone does not share Dr. Hughes's opinion here, for I well remember Dr. Constantine Hering—no mean authority on the subject of provings—expressing to me his admiration of this very proving of Friedrich Hahnemann. But whatever may be the value of these symptoms, they had little to do with my selection of *mercurius*, which was mainly determined by the symptom, "inflammatory swelling in the region [or vicinity] of the lachrymal bone," which is not a symptom of F. Hahnemann, but was contributed by his father.

Dr. Black is at liberty to prefer the authority of Lippe and Allen to that of Hahnemann on the subject of drug pathogenesis. I cannot say I do. His quotation from Lippe shows that that writer has translated *Thränendrüse* "lachrymal caruncle," whereas, it means lachrymal gland; and my own experience of Lippe is, that though the head of the self-styled Hahnemannians, he was unaware that Hahnemann's formula is *similia similibus curentur*, and asserted that this was an invention of Dr. Hughes. As for Allen, my confidence in his accuracy received a severe shock when I discovered that he had included in his pathogenesis of tartar emetic, Hartlaub and Trinks's proving of manganese!

It was only after the failure of *mercurius*, the apparent simillimum to my case, and of the other medicines I selected on general therapeutic principles, that I turned to *silica*, which I selected partly on account of its "vague hint"—"swelling in the neighbourhood of the lachrymal sac"—but probably also (for it is impossible at this distance of time to recall precisely all the grounds of my choice) partly on account of its known power over the suppurative process which seemed to be threatening, and partly because Hahnemann says that it is indicated in lachrymal fistula, of which there was manifest danger in my case at the time when I gave *silica*, though not at the time when *mercurius* was prescribed.

Dr. Black, feeling, I suppose, that his disparagement of Hahnemann's *Materia Medica Pura* would hardly suffice to justify his accusation of bad practice against me, and that

the real facts were altogether against him, tries once more to show that I ought to have selected *silica* at first by the very questionable procedure of inventing facts to prove his case. "But surely," says he, "if one is a stickler for pathogenetic effects, instead of using a couple of words descriptive of a condition which every one understands, there need be no abuse heaped on the head of *silica*, because, instead of telling us that a thing is inflammatory, it says there is *swelling*, *redness*, *heat* and *pain*." The only meaning one can discover in this curious rigmarole is that Dr. Black wishes his readers to believe that the pathogenesis of *silica* says that the lachrymal sac was the seat of "swelling, redness, heat and pain." That there may be no doubt that this is his meaning, on the very next page he says: "Now, all the while, in the *Chronic Diseases*, under the head of *silica* this sentence was to be found, 'swelling in the region of the right lachrymal sac' calmly awaiting its appropriation in disease, and in conjunction with it *redness*, *heat* and *pain*." But the only *silica* symptom bearing on the lachrymal sac is: "swelling in the region [or, more correctly, the vicinity] of the right lachrymal gland and of the lachrymal sac (after 6 days)." Not a word about "redness, heat and pain" there. These concomitants of the swelling in the vicinity of the lachrymal sac are therefore a pure invention of Dr. Black's, and an invention does not become a fact by being repeated, nor even by being emphasised by italics.

I have no objection to discuss points of doctrine or practice with any one who will observe the customary conventions of scientific controversy. Dr. Black disregards these by inventing facts to bolster up his assertions. Such being Dr. Black's practice, I must decline further controversy with him.

Yours faithfully,

R. E. Dudgeon.

ALCOHOL IN RELATION TO GALL-STONES.

To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—In the very interesting paper on *Gall-stones and their Treatment*, read before the British Homœopathic Society, by Dr. Wolston, there occurs one remark to which I wish to call attention. In common with all writers on this subject, he gives as a last admonition that alcohol in every form should, if possible, be avoided. This agent, so powerful for harm, has so much to answer for in the matter of liver disease that the admonition sounds quite proper and orthodox, and yet, in the case of gall-stones there are reasons that lead me to question its soundness.

In the first place, it is agreed that the greatest number of cases occur amongst women, and these for the most part of regular, or even, with regard to alcohol, of abstemious, habits. Secondly, in the typical form of alcoholic disease, cirrhosis, gall stones are hardly ever known to exist. And in the third place, cholesterine, which forms from 80 to 90 per cent. of gall-stones, is readily soluble in hot alcohol. Its precise solubility at the temperature of the interior of the body—40.6 Cent.—I am not able to state, but that it must be considerable is the opinion of an analytical chemist whom I consulted on the point. This property alcohol shares with some other bodies such as ether and turpentine, which have been employed for years for this purpose. These latter, however, are inadmissible for continued use, and it occurs to me as a practical measure whether the regulated use of alcohol in either its rectified form or in the commoner form of whiskey, &c., properly diluted, may not claim a high place in the treatment of gall-stones. I should judge malt liquors from their containing so large a proportion of malt extract to be less admissible. Alcohol certainly has the advantage that it can be employed more fully and for a longer period than either of the other agents.

An additional hint of some value may be taken from the clinically observed fact that when alcohol favours the disposition of fat in the body it is of the soft slushy kind, obviously deficient in the stearin that gives hardness to normal fat; in fact just the change we want in bile too ready to precipitate its cholesterine in the form of gall-stones.

Looking at the matter statistically, if alcohol were a producer of gall-stones, should we not find in this country, with its large consumption of alcohol, that they were as plentiful as blackberries in summer, and found predominantly, too, amongst drinkers? Yet we know this is not the case. The evidence to my mind leads to the opposite conclusion that alcohol is a preventive of gall-stones, and in all probability a solvent of them when formed, and that what other evils it may entail it is not to be saddled with this particular one.

There may be considerations that will restrict its indiscriminate use, such as the irritable condition of the gall-bladder, &c., that will only make themselves apparent in actual practice, but so far as I can see, a case is made out for a reconsideration of the usual verdict, and I beg to draw the attention of my colleagues to the evidence upon the question.

P. Proctor.

Dec. 17th, 1894.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays, 2.30; Diseases of Women, Tuesdays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Diseases of the Throat, Mondays, 2.30. Operations, Tuesdays, 2.30.

BOOKS RECEIVED.

Hahnemann's Therapeutic Hints. Collected and arranged by R. E. Dudgeon, M.D. E. Gould & Son, 59, Moorgate Street, London, E.C. 1894.—*A Study of the Muscles in Lateral Curvature of the Spine.* By Gerard Smith, M.R.C.S. London: Riddle & Couchman.—*Homœopathic League Tracts.* No. 52. *The Propaganda of Homœopathy.* London: J. Bale & Sons, 87-89, Great Titchfield Street, W.—*Physician's Diary and Case Book for* 1895. London: Keene & Ashwell, Bond Street, W.—*The Homœopathic World.* December. London.—*Medical Reprints.* December. London.—*The Chemist and Druggist.* December. London.—*The Monthly Magazine of Pharmacy.* December. London.—*The Medical Record.* November 17th, 24th, December 1st, 8th. New York.—*The North American Journal of Homœopathy.* December. New York.—*The New York Medical Times.* December.—*The Journal of Ophthalmology.* October. New York.—*The Calcutta Journal of Medicine.* October.—*The Medical Century.*—November 15th, December 1st. Chicago.—*The Hahnemannian Monthly.* December. Philadelphia.—*The Homœopathic Recorder.* November. Philadelphia.—*The Homœopathic Physician.* November. Philadelphia.—*The Southern Journal of Homœopathy.* November. Baltimore.—*The Homœopathic Envoy.* December. Lancaster.—*The Minneapolis Homœopathic Magazine.* December.—*Bulletin Général de Thérapeutique.* December. Paris.—*Homœopathisch Maandblad.* December 15th. The Hague.—*Leipziger Populäre Zeitschrift für Homöopathie.* December. Leipzig.—*Revue Homœopathique Belge.* November. Brussels.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59 Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

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CLINICAL RECORDS.

In our last number we published the first of a series of *Clinical and Therapeutic Notes* of cases illustrating the spheres of action of different medicines. The collection and selection of cases suitable for publication we have confided to the hands of a zealous and careful clinical worker, Dr. Ord, who kindly and enthusiastically responded to our call upon him. We trust that all members of the profession practising homœopathically will, with equal readiness, provide him with the records of their clinical work.

Hahnemann, it is true, objected to the publication of notes of cases, on the ground that they would lead physicians to be guided in their selection of a medicine by the name of a disease, rather than by making a comparison of the symptoms of a case with those of drugs recorded in the Materia Medica. We have oftentimes had reason to regret that Hahnemann so rigidly adhered to this hard and fast line as he did, and think that his constant appeal to experience in support of his views, and at the same time his equally persistent

neglect to publish any record of that experience, any evidence of it, has been detrimental to the spread of homœopathy, and has repelled many an enquirer from testing whether his dogmatically expressed opinions were as true as he thought that they were.

HAHNEMANN could well afford to do without clinical illustrations of the actions of medicines to refer to when selecting a drug for a given case. He necessarily knew the symptomatology of drugs as no one ever knew it before, or probably ever will do again; the record of every proving had been before him time and again, every prover had been examined by him; the Materia Medica, as he left it, had in fact been created by him. To be able to refer to the Materia Medica, as we have it now, without clinical aids, without repertories, would be as impossible for HAHNEMANN as it is for us, when the *Encyclopædia of Drug Pathogenesy* provides us with therapeutic material from no less than 413 sources.

In making a selection of a medicine for a given case, we require every form of assistance that can be obtained; and, without doubt, one of these forms is the clinical index, such as that appended to Dr. HUGHES' *Pharmacodynamics* and FARRINGTON'S *Clinical Materia Medica.* Such indices as these are framed from the records of clinical work given in our journals, and, to contribute material to further the perfection of references of this kind is one object with which we solicit the co-operation of our colleagues in furnishing us with *Clinical and Therapeutic Notes.* Be it remembered, however, that these clinical indices are no more intended to supply the name of the drug which the physician should prescribe, than is the Repertory—but to supply him with the names of such drugs as he should examine the full pathogenesy of in the Materia Medica records for the purpose of meeting the exigencies of an individual case.

Again, we need a supply of well recorded cases to admit of the preparation of the *Therapeutic Part of the Repertory,* a prescriber's aid which has been repeatedly desired, the plan of which was published in this *Review* in February, 1871, by Dr. GIBBS BLAKE, and illustrated by him in collaboration with the late Dr. DRYSDALE, in the *Review* for September, 1873, but towards the preparation of which, we believe, that no step—certainly

no fruitful step—has been taken during the more than twenty years that have elapsed since either of these papers was written. This object alone should induce practitioners to supply material which will permit of such a volume as that which has been so long proposed and promised by the Hahnemann Publishing Society, being proceeded with.

The cases that we are anxious to secure are such as have been carefully observed and accurately noted; cases the reports of which clearly demonstrate the pathological condition believed to exist, and the similarity of the symptoms presented to those recorded as the result of taking the drug which the observer regarded as having been instrumental in the relief or recovery which ensued from his treatment. Cases of such a character would, we are well convinced, do more than anything to confirm both the reality of our drug-provings—the corner-stone of our therapeutics—and the validity of the principle of drug selection which constitutes the bridge passing over the chasm which, before HAHNEMANN'S time, separated the pharmacologist working in the laboratory from the therapeutist at the bedside. Evidence of this kind would prove invaluable in promoting the *propaganda* of homœopathy, and we know that there is a large mass of it to be drawn upon if those who have it would but exert themselves a very little.

So far, we have urged this recording of carefully and accurately observed clinical material from the point of view of public good, or, as Bishop BUTLER puts it, of "benevolence." But is not the individual advantage equal, is not the principle of "self-love" quite as fully acted upon, by undertaking work of this kind? We feel sure that it is. Work done with a view to help and instruct others is unquestionably done with greater precision, greater thoroughness, than when nothing beyond the daily routine is contemplated. The stimulus of instructing others provides a much better class of work than any done when such stimulus is wanting. Lack of time is often pleaded as an excuse for not recording cases. Some of the busiest men we have met with have been among the most careful note-takers of the cases that have come before them. Of these, one was the late Dr. ATKIN, of Hull, at one time an editor of the *British Journal of Homœopathy*, than whom no one ever

more conscientiously conducted so large and laborious a general practice as he did, and yet he, as he told us on one occasion, possessed a report of nearly every case he had attended during the whole of his residence in Hull. Busy as he was he found time to write out all needful details, and more than that, to study each case presenting any unusual appearance, and carefully to compare the symptomatology of the diseases brought before him with that of the provings in the *Materia Medica*. How thorough was his knowledge of disease, how minute and accurate was his acquaintance with the *Materia Medica*, and how successful his practice, was well known to all his professional friends. One of the secrets of this power was his taking notes of all his cases. To give another illustration of the same point, the late Sir BENJAMIN BRODIE, in his *Autobiography*, writes: "My custom has been to take short notes at the bedside of the patients in the day and expand them with the aid of my memory in the evening. After an experience of fifty years, I am satisfied that no one can be well acquainted with his profession, either as a physician or a surgeon, who has not studied it in that manner. It is only by these means that a case can be thoroughly and scientifically investigated, or that that minute and accurate knowledge of it can be obtained which is necessary to a right diagnosis."

This case-taking, especially when done with a view to increasing the sum of medical knowledge, is fully as advantageous to the individual as it is to those he hopes to benefit, and affords a good illustration of the principle enforced by Bishop BUTLER, that "to aim at public and private good are so far from being inconsistent that they mutually promote each other."

On every ground, then, we would urge our colleagues to direct their daily work among the sick, so as to render it productive of the *maximum* benefit to their patients, of increased knowledge to themselves, and of the fullest advantage to their professional brethren. By carefully recording and studying their cases, both from a pathological and therapeutic point of view, and then placing them in the hands of our friend Dr. ORD for publication in our pages, they will, we are assured, accomplish these ends more completely than they can do in any other way.

REMARKS ON A FORM OF DEAFNESS APPEARING AFTER PARTURITION.

By Dudley Wright, M.R.C.S., L.R.C.P.

Assistant Surgeon and Surgeon for Diseases of the Throat to the London Homœopathic Hospital.

There have lately come under my notice several cases of more or less marked deafness which has apparently resulted from the ill effects of a confinement which, in some way or other, has run an abnormal course, and, more especially, one which has been complicated by some septic trouble.

The deafness appears to be of a mixed nature, being partly traceable to an abnormal state of the conducting media, and partly—though in most cases to a larger extent—due to some lesion of the sound perceiving apparatus.

Whatever may be the immediate cause of this condition, (I cannot in my own mind but think that some toxic agent is at work), the fact remains that some patients, after the birth of a child, complain of a gradually progressing deafness which may for a period be unilateral, but which, in time, tends to affect both sides.

Accompanying this condition is usually a very depressed state of the general health; "hysterical" and other nervous symptoms are commonly present, and the patient complains of irregular action of the bowels, feebleness of digestion, headaches, and sleeplessness.

So far as objective signs of the ear disease are concerned, there is but little to record; for, as a rule, but few abnormalities are found either in the condition of the external ear, drum membrane, or Eustachian tube; though there is not uncommonly some degree of pharyngitis and increased production of mucus. The chief evidence, however, is afforded by the watch and tuning-fork tests; and so far as the latter is concerned, it will be necessary here to make a slight digression so as to give an explanation of the methods used for examining these cases.

It is useful to employ forks of various pitches, for by this means much more can be learnt than by the use of

a single fork, whose evidence taken by itself may be misleading. I, therefore, use five forks, styled C with 128 vibrations—C^{I} = 2,560 vib.—C^{II} = 512 vib.—C^{III} = 1,024 vib. and C^{IV} = 2,048 vib.

It will be seen that each fork is an octave higher than the preceding. By means of these forks it is necessary to test, for comparison's sake, both the duration and initial intensity of hearing by bone (mastoid) and air (meatal) conduction.

In the normal condition it will be found that the *initial intensity* of air conduction is considerably greater than that of bone conduction, and the same obtains so far as *duration* is concerned, roughly speaking the proportion being BC : AC : : 1 : 2.

Below is a tabulated form giving the normal time relations in seconds of the forks I employ.

Rinné. (*Intensity.*)	AC	AC	AC	AC	AC
Duration. AC	40	17	60	60	35
Duration. BC	20	8	25	30	20
T-F	C	C^{I}	C^{II}	C^{III}	C^{IV}

A disturbance of this normal relationship may be met with in any form of ear disease, and the indications afforded by such disturbances are, briefly, as follows :—

A preponderance of BC over AC points to an affection of the sound conducting apparatus, and is usually first noticed from the lower forks of the series, and proceeds up the scale, and the higher up the scale of forks this inequality travels, the more extensive, may it be assumed, is the malady. Diminished bone conduction on the other hand, indicates some affection of the nerve apparatus, and is usually noticed in the higher forks, and travels *down* the scale. Deafness to the high tones of Galton's whistle indicates a similar condition.

Examining by the light of the above facts the following table which represents the average hearing in the

series of cases which we are considering, we find that there is both a preponderance of bone conduction for the

Rinné. (*Intensity.*)	BC	BC	BC	AC	AC
Duration. AC	2	5	15	25	15
Duration. BC	17	10	25	15	7
T - F	C	C^{I}	C^{II}	C^{III}	C^{IV}

lower forks and a diminished bone conduction for the higher ones, and if we add to this the fact that the higher tones of Galton's whistle were not heard in some of the cases, we see the reasons for concluding that there is both an affection of the middle ear and labyrinth.

These cases are unfortunately very difficult to cure, and treatment to be of much avail must be long continued. Such at least has been my experience. *Acid phosph.* I have found useful, but I have always used local measures for the middle ear, such as the use of the air douche or inflation of iodine or camphor vapour into the middle ear by means of the Eustachian catheter. The state of the nose and naso-pharynx must also be carefully attended to.

It should be mentioned that the earlier the symptoms are treated the better the prognosis; and I have known of one case in which deafness of some intensity coming on quite suddenly a few days after a miscarriage, to a great extent disappeared within a week without any particular treatment, though I should doubt whether this form would quite come under the same heading as the class of cases we have been considering.

PERITYPHLITIS.—ITS SIMILLIMUM.

By A. Speirs Alexander, M.D.

The following case may serve to illustrate the selection and action of the simillimum to a given case, irrespective of its nosology.

On the evening of October 30th, 1894, I was called to see a young man, G. G., æt. 20, draper's assistant. He had been confined to bed for four days, and appeared to be very ill. He stated that on the 26th, he had suddenly, after dinner, felt severe pain in the right side of the abdomen. There was no history of any strain, but he thought he might have taken cold about that date from getting wet. There had been no previous attack of the same kind.

Examination revealed the following condition:

The right iliac region was excessively painful and tender to the touch, the pain being greatly aggravated by the slightest movement, by coughing or by sneezing, so that the patient was obliged to keep as still as possible, fearing to alter his position from the dorsal decubitus in the smallest degree. There was dull percussion over an area extending from Poupart's ligament to within about an inch of the umbilicus, this area being occupied by a hard, tense swelling. There had been no movement of the bowels since the onset of the illness. The tongue was coated with a thick, yellow fur. Temp. 101°. Pulse 112.

Patient was removed as early as possible on the following day to the Devon and Cornwall Homœopathic Hospital. Here he was put on milk diet, and linseed meal poultices were applied for a few hours for the relief of pain, while *bryonia* 30 was administered every two hours. By November 1st, a marked improvement had taken place. The swelling and tenderness had decreased sensibly, patient had slept fairly well, and there had been a natural movement of the bowels. Temperature had fallen to 99.6°, and pulse to 96.

Bryonia was continued, the poulticing being stopped, and from this time there was uninterrupted progress to convalescence. Temperature fluctuated for a day or two, but fell to normal on the morning of the 3rd, and did not rise thereafter. Diet was gradually improved, till it was found that solid food could be taken with impunity, and on the 10th November, patient was dismissed, cured.

Remarks.—It will have been observed that the only medicine given in the foregoing case was *bryonia*. Some may at once object; *bryonia* has never been known cause perityphlitis, and how then can it be credited with

its cure? But, as far as I am aware, no drug has ever been known to cause either that disease or its congeners, typhlitis and appendicitis. Indeed, it is difficult to conceive of any such drug disease, the morbid condition named being usually attributed to fæcal collections in the cæcum, or to the presence of a foreign body in the vermiform appendix. There can be no doubt that where a drug does set up a pathological condition—as, for example, *cantharis* in strangury, and *corrosive sublimate* in dysentery—that condition, added to the other disease symptoms, affords a valuable—perhaps *the* most valuable—guide to the discovery of the simillimum. I apprehend, as a result of teaching received when a student under Professor Coates, that pathology includes morbid processes, as well as the resulting tissue changes wrought by such processes. In other words, it deals with perverted, or, it may be, paralysed physiological processes, together with the consequent organic changes thus set up. Such morbid processes and tissue changes are necessarily accompanied and indicated by certain subjective and objective symptoms, the whole presenting that disease picture which we know as the "totality of the symptoms." It does not alway happen, however, that a drug can be found that is known to have given rise, not only to perverted physiological processes, but also to their resulting tissue changes. How then can a simillimum be discovered for a condition, involving, as in the case above narrated, manifest tissue change? It is true that *bryonia* has caused inflammatory effusions from fibro-serous membranes; but I know of no record of its having caused such an effusion as that found in a case of perityphlitis. It is just in such cases that the homœopathic law is of such great value, in affording us an unerring guide to the curative agent for any morbid condition by means of the "outwardly reflected image of the inner nature of the disease,"* and that although we do not know that the drug thus indicated has ever produced the precise pathological or morbid tissue change present in the given case. All that we can say is, that it has produced symptoms resembling in a greater or less degree those of our case, and we may conclude that its mode of action is similar to those perverted processes in

* *Organon*, section 7, p. 67.

the human economy (or, as Hahnemann puts it, to the perverted *vital force*), which have given rise to the morbid condition.

The search for the simillimum for the foregoing cases was conducted in strict accordance with the directions given in section 153 of the *Organon*, namely, that the *prominent, uncommon* and *peculiar* features of the case are to be especially noted and considered.

The symptoms used in the search, together with a record of the method adopted, may be of interest to the readers of this paper:—

Symptoms.	*Regions affected.*	
	1. Abdomen.	No. 393.
	2. Right iliac fossa.	,, 415.
	Subjective Symptoms.	
	3. Pain.	,, 1589.
	4. Tenderness.	,, 1661.
	5. Constipation.	,, 424.
	Aggravations.	
	6. By movement.	,, 2133.
	7. By touch.	,, 2181.
	Objective Symptoms.	
	8. Swelling.	,, 1760.
	9. Coated tongue.	,, 290.
	10. Fever.	,, 1295.
	11. Rapid pulse.	,, 670.

Against each of the foregoing symptoms will be found a number. The latter correspond to those of the slips in Guernsey's Bœnninghausen's *Repertory*, which was used in seeking the remedy. On each of these slips there is a list of the drugs that have been known to cause the symptom represented by the number at the top of it. These slips are then placed side by side, and the total values of the indicated drugs added up. The result in the case under consideration was as follows:—*Bell.* 35; *bry.* 37; merc. 32; *nux v.* 31; *phos.* 33; *sulph.* 31. *Bryonia* thus appeared to be the most closely indicated drug, and a reference to the *Materia Medica* confirming the choice, it was accordingly prescribed, with the result already recorded. It was therefore the simillimum, that is, the drug which cured. It is to be borne in mind, however, that in another case *bryonia* might not have been the simillimum; for, had the symptoms differed in

some way, so as to give prominence to some other remedy, such as *mercurius*, the latter, or any drug most closely corresponding with the totality of the symptoms, would have been the desired curative agent.

The time occupied in selecting the remedy was about twenty minutes.

Plymouth, December, 1894.

TOXINES AND THEIR ANTIDOTES.

By Alfred Pullar, M.D.

The preparation of remedial agents from disease products, has come into vogue of late years as one of the well-known results of modern theories concerning the bacterial origin of the maladies in question. It is worthy of record, however, that the general principle of counteracting disease by its own virus is not an entirely new departure in medicine. For we know, as a matter of fact, that this doctrine was enunciated by Hahnemann nearly a century ago. Although the idea was received with derision by the medical world of that day, it was destined nevertheless to survive, forming the initial step in what has since become an efficacious and reliable method of treating a certain proportion of cases. Now, in the fulness of time, we find the traditional school unconsciously verifying the rejected doctrine, and approaching its fulfilment in practice, albeit on somewhat different lines.

It is true, indeed, that the whole subject of disease toxines or nosodes is difficult and obscure, the problems involved in their medicinal use being as yet far from solution: but at the same time there can be no doubt that in this direction a fertile region awaits the explorer. The organic toxines have recently been studied in relation to several complex disorders, and their clinical significance has been demonstrated by the original and suggestive work of Edward Blake, Griffiths, and other observers. These researches afford the key to enigmas of pathology which have long baffled the physician; and it would appear that we are only beginning to recognise their importance from the therapeutic point of view. The use of thyroid extract may probably be regarded as among the first fruits of this new departure; and doubtless other results will follow.

The side-light thus thrown upon therapeutic problems is not the least of the results. In this connection, Dr. Blake remarks that "those agents which we introduce into the body under the name of remedies, when successful, probably act either by neutralising natural toxines existing in excess or by simulating tissues which have been paralysed by toxines.*

The experiences of Pasteur and Koch have served to illustrate some of the fallacies and risks incidental to the use of disease toxines. Whatever be the exact nature of the substances used for inoculation, the *rationale* of their action is by no means clear, and the clinical results have hitherto proved extremely uncertain. Whilst it is obvious that these antidotal substances are integral products of the organism in various diseased conditions, there is not sufficient proof that specific microbes are the only elements of import. It may be that after all these micro-organisms are merely adventitious elements in the morbid formations which are now assumed to be due solely to their agency.† The culture media must doubtless represent in a concentrated form the toxic substances produced by the specific bacilli; and yet the morbific agent itself may be of still more subtle origin. For we know that the morbid conditions (in the course of which certain bacilli are found), are extremely complicated; and it follows that, in order to obtain the antitoxic essence, the whole complex of the disease must be represented. Obviously therefore the production of so-called antitoxine is not a simple question of the culture of these microbes. There is more in this matter than meets the eye even of the expert in bacteriology. The truth is, that in attempting to gauge the ultimate constitution of disease products, or to predicate their action when used as remedial agents, finer methods are required than those of either the microscopist or the chemist. The inoculations of Pasteur and Koch have, as we know, not only failed to act curatively in a large number of cases, but have been followed by fatal results, assuredly proving that the method

**Myxœdema, Cretinism and the Goitres.* By E. T. Blake, M.D (Wright & Co., Bristol.)

† Virchow has recently stated that he does not consider the bacillus the cause of diphtheria. (See *British Medical Journal*, Dec. 15, 1894.) It would seem, indeed, that there is a conflict of opinion on the whole subject, theory and practice being alike based upon vague premises.

is still crude and experimental. The process of attenuation would seem, indeed, in some instances to have increased the pathogenic effects of the virus on the human organism, thus developing new forms of disease (*e.g.*, paralytic rabies) instead of antidoting the poison already in the system.

The leading principle, then, of the antidotal system is to obtain from organic toxines certain agents capable of neutralising the poisons diffused throughout the body. That the curative application of these attenuated disease products rests upon the principle of similars appears probable, although it must be admitted that we know nothing positively of the *modus medendi*. The remedial action can scarcely be regarded as *isopathic* in its nature, inasmuch as no two disease formations are strictly identical.

The problems concerned in the preparation of remedies of this type have, as we know, been successfully solved by the homœopathic school in dealing with various animal poisons, *e.g.*, insect and serpent venoms. Subjected to a like method of preparation, various disease products have been utilised and proved to be most valuable remedial agents. Among these we have *tuberculinum*, *psorinum*, *medorrhinum*, *lyssin*, *luesinum* and other less important nosodes. Diphtheria toxine (in the same potentised form) has also been used in America with excellent results. It would therefore appear that in this somewhat neglected department of the Materia Medica our resources are larger than those of the traditional school. These remedies in our attenuations are of course absolutely safe, and there is ample clinical evidence attesting their efficacy.

From the data already at our disposal, it seems reasonable to conclude that the principle of nosodes is a postulate of the homœopathic law. The true pathogenesis of these products is the disease formation from which they are obtained, and upon this ground the remedial use of such potencies is based. The elaborate provings of several of the more important nosodes which have been published (chiefly in Hering's "Guiding Symptoms") exhibit their wide range of usefulness. These records are well worth careful study and throw light indirectly on many difficult cases of chronic disease. We often meet with cases where in Dr. Burnett's

expressive phrase, our ordinary medicines reach their "stop-spot," owing to some constitutional dyscrasia which limits their curative power. It is in such cases that our nosodes come in to reach the underlying pathological dyscrasia, be it psora, tuberculosis or syphilis. In regard to the question so often raised as to how these things can be, our answer is that probably the similar natural disease yields to the impact of a slightly stronger artificial force. "A weaker dynamic affection is in the living organism lastingly extinguished by a stronger one, if this (differing from it in kind) is very similar in its manifestation."*

In using these disease potencies as remedial agents in similar morbid states and formations, it is obvious that certain precautions are necessary, as, for instance, that the toxine be taken from typical cases presenting the disease in its most uncomplicated form, and that it be subjected to a high degree of attenuation.†

In accordance with the principle which has been amply tested and proved by clinical evidence, we affirm that specific medicinal force is independent of quantity, and must be present in the least conceivable part of a substance. This view of the divisibility of matter, which was held by Hahnemann and other philosophic thinkers even of his day, has been more and more confirmed by all subsequent researches in physical science. "Matter," said Cuvier, "is only the depository of force; matter passes away, but force remains." It is not possible indeed to set a limit to the attenuation of matter, or to the specific energy of living cells. The vital test is the only conclusive proof of the efficacy of these highly attenuated preparations either of disease products or medicinal substances. In dealing with such phenomena we may theorise according to our mental bias, but from the practical standpoint, experience is the only sure ground on which we can rest in the present state of our knowledge. Fortunately, however, it is sufficient; and we can appeal to a mass of evidence on the subject in the records of homœopathic practice extending over a long period. There are many signs too that in these latter days the once despised

* *Organon.*

† For my own part, I believe the best results are obtained with the high potencies (200th and higher).

"infinitesimal" is being recognised as important even in the domain of rational therapeutics* (*sic*).

The outcome of the whole matter, therefore, according to our view, is that the promise and potency of the antidotal system will never be fully realised until the subject is approached on the lines we have indicated. If it be objected that this involves a revision of ordinary conceptions as to the amount of medicinal force required to effect curative results, our rejoinder is that traditional ideas of dosage are founded on mere empiricism. For a conclusive determination of the question, further accumulation of facts may be essential, but our present knowledge affords a working hypothesis sufficient for practical purposes. In other branches of science there are missing links which will, perhaps, be forthcoming at a later epoch. And so in medicine, the nature and essence of some of the phenomena can only be inferred from clinical observation. The clue to such problems will be reached only when it is recognised that beyond the (so-called) physiological action of medicinal agents, there is an unknown quantity which is the main factor in determining curative results.

CLINICAL AND THERAPEUTIC NOTES OF RECENT CASES.

Reported by Dr. A. Midgley Cash, Torquay.

Mucous Diarrhœa.—Merc. solubilis.

H. B., aged 4 years. Has had slimy frequent motions for eight days, without obvious cause. There was fever, pain in abdomen and white tongue. Actions were as frequent as five or six in an evening. Given *aconite* 3x and *merc. sol.* 6x in alternation for 36 hours. At end of this time stools were less frequent, but still contained mucus, and were thin and watery in character. *Merc. sol.* 3x trit. was then given. Next day all slime was gone, and actions had become healthy and remained so. The *merc. sol.* 3x apparently cured when the 6x dilution failed.

* See address delivered by Professor Stokvis, of Amsterdam, to the Medical Congress in Rome, April, 1894.

Constipation during Pregnancy.—Sulphur.

Mrs. D. threatened abortion at the 5th week. There were uterine pains with bright discharge. This was stopped and the danger averted hy *sabina* 3x and *belladonna* 1x in alternation for 24 hours. She now remained constipated, which had previously been a trouble, and for which she had always been obliged to take pills, and in addition, of late, "Woodhall Spa water." The pills were stopped, and the water only allowed for a day or two longer. *Sulphur* ϕ was given night and morning. The constipation yielded at once to *sulphur*, and remained relieved. She complained however of pain at the lower angle of the right scapula, and some light yellow actions of the bowels accompanying it. For this *chelidonium* 1x gr. ij., three times a day was ordered, the *sulphur* night and morning being continued as well. In two days the pain ceased, all symptoms passed, and the bowels went on acting well without any further need of pills or aperient water.

Back Pain.—Calcarea phosphorica.

A lady, aged 65 years, was first seen last autumn with old lateral spinal curvature and dwarfing. She complained of a constant pain in the lower part of the back, which she had had for years. *Calc. phos.* was prescribed, and taken on and off for nine months. The pain was first alleviated, and then pretty much removed by the use of this drug. Dr. Cash adds, "I find *calc. phos.* useful where backache is complained of in cases of defective muscular power in young women and growing girls with some lateral deviation of spine, and also when there is old-standing scoliosis with marked deformity sometimes in elderly women. In this latter condition its use is exemplified in the above case."

Urethralgia.—Apocynum.

Lady, aged 55 years, nervous temperament and gouty diathesis, who also suffered from multiform neurotic symptoms, complained of persistent pain in her urethra. There was frequent micturition with scalding pain on passing stream, followed by a dull depressing pain, like toothache, well marked and lasting from one to two hours. It disabled her from doing anything whilst it lasted. *Cantharis* was ordered, with hot sitz baths. By these

the scalding was relieved, but the persistent aching after micturition was not affected. Subsequently *apocynum* 3x was given every two hours, followed by great and decided relief to pain and also to bladder tenesmus which sometimes accompanied it.

Goitre.—Spongia.

Young lady, had a small firm prominent enlargement of the thyroid gland. Whilst she was taking the soft water of Torquay it remained quiescent, but on going to the chalky soil of Berkshire and drinking hard water it began to give her pain, especially on swallowing. She was given *iodum* 3x gtt. ij. ter die., and an ointment of the red *iodide of mercury* half the B.P., strength to be rubbed in. Leaving Berkshire and returning home where she had soft water again, the pain ceased, but the growth remained if anything larger. The ointment caused so much irritation that it had to be stopped. She was then given *spongia* 6x, gtt. ij. bis. die. In the course of two weeks she wrote to say that the swelling had gone.

Reported by Dr. THEOPHILUS ORD, Bournemouth.

Enlarged Tonsils.—Calcarea phosphorica.

William H., aged 15 years. Has had running from right ear since a baby; sometimes discharge is offensive, the quantity varies. Tonsils very large, almost meeting, has sore throat. *Calc. phos.* 3x ordered t.d.s. In two weeks discharge from ear was less, otherwise symptoms were the same. *Hepar sul.* 3x was then given for a month. Discharge then stopped, and throat had improved; he said it felt "quite well." Tonsils being still nearly the same in size, *calc. phos.* was returned to for a month, during which they rapidly diminished, until in three months after commencing treatment they were of normal size again. There was no return of discharge from ear, and improvement was permanent a year afterwards.

Nasal Polypus and Asthma.—Thuja.

Alice P., aged 20 years, domestic servant. For some months has had shortness of breath and wheezing in chest, which at night keeps her awake; it is worse on exertion. General health is good, no emaciation. Examination of chest revealed bronchial râles all over,

and asthmatic breath sounds. The right nostril was occluded by a mucous polypus, the left being normal. This being suspected as the cause of the asthma, *thuja* ϕ and *glycerine* in equal parts was given to paint inside the right nostril t.d.s. and *thuja* 1x ordered internally. In a week she reported breathing as much better, in two weeks it was normal, and no râles, etc., were to be heard in the chest. She could now blow down the right nostril, and the polypus was hardly to be perceived. Ordered to continue for a fortnight. Considering herself cured she did not return. A fellow servant some months after reported she had had a slight return of symptoms through not persevering with the remedies, though she continued greatly improved.

Cirrhosis of Liver.—Phosphorus and iodide of arsenic.

J. W., aged 61, complains of weakness and swelling of legs. Has been a teetotaler last ten years, previously was a brewer's traveller, and took a bottle of whisky a day for five or six years. He was then very stout, weighing 15 stone; has been losing flesh for some years, and now weighs 12 stone. His conjunctivæ are jaundiced and skin dusky. Heart and lungs normal. Slight ascites, legs œdematous to knees. There is a girdle of large varicose veins round the front of his abdomen. Has had piles. Liver not to be felt below ribs, area of dulness much diminished. Bowels regular, motions very light colour. He complains of shortness of breath, and drowsiness. Ordered *phosphorus* 3x, gtt. v. every 4 hrs. In two weeks he returned saying he felt stronger, breath was less short, œdema of legs had gone, eyes and skin were clearer. He now complains chiefly of weakness in legs, which he says catch in going upstairs; he has sudden sharp pains darting through him when tired, feels very depressed, has dread of impending evil. Patella reflexes were diminished, no loss of stability in dark, no reaction to Argyle-Robertson's test of pupils. Given *ars. iod.* 3x t.d.s. In three weeks he reported himself as feeling quite well, and only being tired after exertion. He took to stacking furniture for a removal firm, and continued this heavy work for eight months. Eighteen months after this attack he remained apparently well.

Enlarged Thyroid.—Fluoric acid.

(1) Edward C., a labourer, aged 24 years. Ill three years, been under six old-school practitioners without benefit. Complains of weakness, dyspnœa, and palpitation. Has had to leave off work for nine months. Thyroid gland greatly enlarged, is a small man but wears 17 sized collars with difficulty. Extreme dyspnœa on exertion or talking. Some ventricular hypertrophy, with excited action of heart. There being a suspicion of syphilis, *kali. iod.* 1x was given with *strych. nitras* in alternation. Under these general health and symptoms improved, but neck became perceptibly larger. *Fluoric ac.* 6x, gtt. v. t.d.s. was then ordered, with immediate improvement. In a month neck measured one inch less in circumference, and had softened, especially on the left side. This remedy was continued, and in three months after commencing treatment he resumed work again, and has continued work ever since, feeling then perfectly well. He remained under treatment for his neck. After six months *fluoric ac.* ceased to affect the swelling, and *spongia* 3x was given for three months, with some diminution in size and softening, especially of the right side. Then *Hecla lava* 3x was given with marked and continuous effect for two months, when as improvement ceased *lapis alb.* was tried with renewed benefit for a couple of months more. By this time—12 months' treatment—the thyroid was reduced to almost its normal size, patient's health was perfect, and he has remained well. Patient said his neck had been swollen since childhood, but much worse lately, none of the six doctors he had seen noticed it or told him it was the cause of his sufferings.

(2) Kate P., 16 years. Complains of palpitation and dyspnœa. Thyroid enlarged, soft and flabby. *Iodum* 3x gtt. v, t.d.s. was ordered, and *unguentum kal. iod.* (B.P.) given to be rubbed into gland. After a month of this treatment thyroid was much larger and harder. *Fluoric ac.* 6x. was then prescribed and continued for two months. In a week there was perceptible improvement in the gland, which continued until the thyroid became soft and almost of normal size, and patient considering herself well, passed from observation.

(3) Gertrude H., 15 years. Has had a swollen neck for 12 months, and as it is getting larger, she desires

advice. It measures 14½ ins. in circumference, at the fullest part. She has no palpitation or dyspnœa, and is otherwise well. *Ac. fluor* 6x gtt. v. t.d.s. ordered. In a fortnight she returned, the thyroid was smaller, now measuring 14 ins. only. Medicine was repeated, and patient did not return.

Varicose Ulcers of Leg.—Fluoric acid.

Chas. F., aged 40 years. Has a varicose ulcer of the left leg, very red and painful. There are many enlarged veins in the leg, he is very constipated. *Ac. fluor* 6x gtt. v. t.d.s. ordered. In a fortnight he reported veins much less swollen and feel less painful, ulcer now healing and no longer sore, constipation has ceased. He did not return.

PROVING OF RANUNCULUS SCELERATUS.*

By Dr. Schier.

1. B., married, æt. 44, subject to bronchial catarrh, nervous, sensitive. Endometritis chronica with moderate discharge, old exudation in left parametrium. Catamenia profuse attended by a feeling of sinking, bowels regular, some strangury. May 23rd.—5 dr. 6th dil. Half-an hour after ingestion drawing in sacrum as usually occurs at commencement of catamenia. Pressure on left side of abdomen. After one hour feeling of weight in eyes when reading, as though the letters were not steady. Repeated drawing in sacrum. 8 a.m., pressure in right side of abdomen, feels tense internally, recurrence of painful drawing in sacrum. 9.30 a.m., repeated stitches in heart that take the breath away, the drawing in sacrum remains: a peculiar burning sensation in eyeballs, movement causes pain in them. Burning pain in left heel. 24th.—Took no medicine, as the weight in abdomen is still there, also occasional drawing in sacrum. Frequent calls to urinate, urine turbid, flocculent. Heel painful. 25th.—10 a.m., 10 d. In half an hour nausea and headache. Noon, great weariness, head better after sleeping. Drawing in sacrum. This sensation continues as at commencement of menses, and at the same time a

* Translated from the *Allgemeine Homöopathische Zeitung*, cxxxix, p. 169

weight in abdomen with pressure and tension as though it would burst. Flickering of sight, sensitiveness and burning in eyeballs increased. Stitches in nape and heart. 9 p.m., sensation of fulness in heart off and on, increased bearing down. 11 p.m., Must always swallow, as if something stuck in throat. 26th.—Head confused, pressure in abdomen and drawing in sacrum continue. 10 a.m., took 15 dr. A quarter of an hour afterwards increased drawing in sacrum down to thighs, almost like labour-pains, but only lasting so bad a few minutes, same pains in abdomen. 10 p.m., icy-cold finger-tips, formication in them. In ears, heat and a noise like crickets chirping. 27th.—Nausea, head confused. Abdominal symptoms continue. Urine turbid; a pellicle on the top when it has stood for some time. Feels very poorly. 10.30 a.m., 20 dr. After ten minutes anxiety and pressure in renal region. Noon, some labour-like pains down to thighs. 12.15 p.m., stitches in left ear. Spirits very bad. 1.30 p.m., better. Constant disagreeable urging to pass urine, with a tiresome pain from middle of abdomen downwards. The weight in abdomen continues, pressure, tension, fulness. 11 p.m., stitches. Is quite exhausted. Formication in finger-tips. Stitches in heart, but not persistent, for five minutes, then a pain for an hour. 28th.—6 a.m., to-day as yesterday, pressure in heart with anxiety. Nausea, pains in renal region (meaning the region of second lumbar vertebra). 9 a.m., 20 dr. 9.30 a.m., Buzzing in ears. Must always be swallowing. Flickering before eyes, the pressure downwards intolerable. The symptoms declined towards noon, but the pressure remained unaltered and the pain in sacrum. Stitches in heart in the evening and at 6 a.m. on the 29th. 31st.—Return of menses at night after a ten weeks' pause. Is very miserable. Usually constipated, she is the reverse since commencing the proving, she passes curious white slimy stuff. June 1st, severe headache, nausea, drawing in sacrum, weight in abdomen, menses continue of a light colour. This state lasted till the 8th June, the pains varying in intensity. The following week the tongue in the morning is so thickly furred that she must scrape it. It began to be coated soon after commencing the proving.

2. Miss W., æt. 40, tall, small boned, tendency to

bronchial catarrhs, all functions normal. May 26th, 5 dr. In the afternoon for half-an-hour head somewhat confused. 29th.—20 dr. Increased sensitiveness of sacrum, which has always been a susceptible place since the influenza, and some tension in abdomen. 30th.—20 dr. Very vivid horrible dreams which wake her up, disagreeable sensation in abdomen and sacrum; after rising, violent eructations and some nausea. Proving interrupted by a journey. Afterwards took 20 dr., same symptoms; then 15 dr., and then again 20 dr. The same kind of dreams and eructations.

3. Miss Z., æt. 34, of medium height, small boned, elephantiasis of left foot and other cutaneous symptoms, indicative of hereditary lues. Otherwise healthy. Menses profuse, attended by headache and backache. May 23rd.—8 a.m., 5 dr. 6th dil. 9 a.m., violent palpitation of heart. 24th.—8 a.m., 10 dr. All forenoon drawing pain in abdomen, pains in sacrum and headache as though menses were coming on, which were not due for five days. 25th.—15 dr. Increasing pains in sacrum, transient pains, burning in joint of right little finger. 26th.—20 dr. 4 p.m., burning and pains in lobe of right ear. 27th.—20 dr. At midnight very violent compressive headache, burning of right cheek and in abdomen, chilliness. 28th.—20 dr. Awoke with burning pain in throat, lasting about one hour; then, after taking the medicine, recurring for two hours. 29th.—20 dr. During previous night menses came on with the usual symptoms. During day very severe sore throat. 30th. —20 dr. Menses very scanty. 31st.—20 dr. Menses ceased, they usually last four days. During day itching in lips repeatedly. June 1st.—Transient burning in lobe of left ear.

HOW TO STUDY AND TO TEACH MATERIA MEDICA.*

By Chas. S. Mack, M.D., Ann Arbor, Mich.

(Professor of Materia Medica, and Therapeutics in the Homœopathic Medical College in the University of Michigan.)

1. *What advice do you give concerning Materia Medica to a student beginning medicine by a year's preliminary study?*

*Paper prepared for American Institute of Homœopathy. The questions were proposed by Chairman of Materia Medica Bureau.

It seems to me of the utmost importance that at the very beginning of his course a medical student be made acquainted with the principles of medicine—*all* the principles upon which beneficial practice is based. When the field of medical practice is once clearly mapped out in his mind, the student of materia medica and therapeutics is prepared to intelligently accept all that is good in any system of medicine, and to see that there is no conflict between homœopathy and anything else that is good in medicine; he is prepared to show that a man can consistently be enthusiastic as a homœopathist, and equally enthusiastic in his support of whatever beside homœopathy is good in medicine.

I should advise a student beginning medicine by a year's preliminary study to (either before or simultaneously with his first studies in materia medica) acquaint himself with the various principles upon which the practice of medicine is based. I should show him just what empiricism is—wherein lies its essential feebleness, but that empirical indications are not always to be ignored. I should show him just what "rational" practice is—just wherein lies its strength, and wherein its weakness, and that it can never intelligently attempt the cure attempted by homœopathy. I should then show him what the principle of homœopathy is—should define the cure it undertakes, should show that that cure is in a sense the highest cure which it is possible to undertake with drugs, and that it can never be intelligently undertaken in "rational" practice or in any other way than under the guidance of *similia similibus curantur* as a law of nature. I have said I should show him all these things; I might more accurately have said I should *try* to show them to him. The argument which I presented in favour of homœopathy would probably be in the main an abstract argument by exclusion, but it would not be entirely such: I should cite some prominent practices which seem to me homœopathic (as does often that of giving *mercury* to syphilitics, *ipecac.* to those who are nauseated and vomiting, *jaborandi* to relieve patients of sweating, etc.), and I should point to the history of homœopathy *en masse* as part of the argument in its favour. If he happened to be acquainted with what I shall here call the philosophy of Swedenborg, and came to me in my capacity as a private individual, I should direct his attention to a posi-

tive argument in favour of homœopathy viewed somewhat particularly from the standpoint of a New Churchman. This last step would, of course be taken in only a very small minority of cases. In all my presentation to this student I should scrupulously avoid anything like dogmatism. I should endeavour to present facts in such a way that he, without being urged, would seize upon correct conclusions. As for literature upon the principles of medicine, I should advise him to read Carroll Dunham's *Science of Therapeutics*,* Dake's *Therapeutic Methods*,† and part of my *Philosophy in Homœopathy*; ‡ also my article on "Empiricism, Rational Practice, and Practice under Guidance of Law" in the *North American Journal of Homœopathy*, for January. 1892.

In the course of instruction above outlined, the student will have learned that materia medica is the whole *science* of drugs, and that materia medica pura is the science of drugs as dynamic pathogenetic agents in man. He will have learned that (while it is perfectly legitimate that "clinical symptoms" and "clinical verifications" should be allowed to give an empirical tinge to a prescription in general homœopathic) *similia* is the only guide to homœopathic remedies; he will have learned that only in the fields of pathology and drug pathogenesy can a question of homœopathicity be determined.

We may hope, that by this time our student shall have so intelligent a regard for pathogenesy that he will read most cautiously, and most critically, anything purporting to be a record of materia medica pura; we may hope that he will want to know pathogenesy, rather than what some one has written about pathogenesy. I should like a text-book on materia medica pura schematically arranged, and with numerous references, such that each item recorded might be traced to the original authority for that item. I am waiting with great interest to see whether in the forthcoming index to the *Cyclopædia of Drug Pathogenesy* we are to have these schemata and these references. Allen's *Encyclopædia* has schemata and references, and is a good book for advanced students to refer to; its chief value is, I think, in showing the insufficient ground upon which are based many items in

* Published by Boericke & Tafel, Philadelphia and New York.
† Published by Otis Clapp & Son, Boston and Providence.
‡ Published by Gross & Delbridge, 48 Madison Street Chicago.

our text-books. I should not expect the beginner to make much use of this book, for I should want him to learn the grosser facts of drug pathogenesy before giving much attention to the minute points. I think the following named books (and their like) excellent for him who is beginning the study of drug pathogenesy: Taylor's *Treatise on Poisons*, the volume on *Poisons* in Wharton and Stillé's *Medical Jurisprudence*, Reese's *Medical Jurisprudence and Toxicology*. If, before setting this student at the study of pathogenesy at all, we have been successful in our attempt to instruct him in the principles of medical practice, we can serve him by now putting into his hands, not only text-books on materia medica by homœopaths, but also the latest books on materia medica and therapeutics by old-school writers, such as Brunton, Ringer, Bartholow, Stillé, Phillips, George B. and H. C. Wood. With the previous instruction we have supposed the student should have no difficulty in recognising under what is in old-school books called "Physiological Action," very much that is not pathogenesy, and he will at the same time, find in these books much useful information upon the subject of pathogenesy.

Having had the training heretofore outlined, he will not, to his dying day, forget that materia medica pura is a *science*, and is to be studied in a purely scientific spirit; he will never forget that any item in what is recorded as materia medica pura purports to be an item of drug pathogenesy, and that, if a question arises whether it is a fact of pathogenesy, the most critical investigation of the question in the field of science (*i.e.*, pathogenesy and never therapeutics) is always in order. I quote, at second hand, from Tyndall what would be an excellent motto for all provers of drugs, and for all students of pathogenesy or of materia medica pura: "In every one of your experiments endeavour to feel the responsibility of a moral agent, ... If you wish to become acquainted with the truth of Nature, you must from the first resolve to deal with her sincerely."

2. *Which is the best method of teaching Materia Medica: (a) for the preceptor to his student; (b) for the teacher to his classes in the college; (c) give an outline of your method of studying or teaching a drug in the class-room.*

All that I have said regarding the importance of having a study of principles precede, or accompany from the first,

a specific study of materia medica applies to work under a preceptor, and to class-room work, as well as to the work of such a student as was supposed in question No. 1. For obvious reasons no class-room work in the medical college can to-day be specifically based upon what we have called the philosophy of Swedenborg. In teaching materia medica, the preceptor may have scarcely more time to give to his pupil than will be required for directing his reading; but the teacher in the class-room may be expected to devote time necessary for personal inquiry into constantly arising questions. In teaching materia medica, no less than in teaching the principles of medicine, I should scrupulously avoid dogmatising upon questionable points. The unquestionable facts of materia medica may be presented to the student with perfect confidence, but in materia medica (and in no department of it more conspicuously than in materia medica pura) there is, and always will be, very much regarding which there is question; a given question may sooner or later be answered, but new questions constantly arise. Dogmatism should have no place in answering questions of science. Discuss these questions with your students, stating the *pros* and *cons* bearing upon each particular point, and try to lead the students to correct conclusions, but let them know that there are, and always will be, many questions unanswered. Don't for an instant let the students suppose that you, or any one else, knows all of, for instance, materia medica pura, or that your opinion or that in a text-book is necessarily final. Teach with confidence the unquestionable facts, but always keep the questionable points distinct from the unquestionable. Hunt down items recorded as pathogenesy to the original sources upon which the record is based, and encourage your students to do the same.

An outline of my method of teaching a drug in the class-room: I first give what seems of interest regarding the origin and history of the drug, its botany or chemistry. When the drug is a serious poison I state the effects of serious poisoning by it, showing to the best of my ability (when there is occasion for so doing) what effects are due to its dynamic properties and what to its physical or chemical properties. I continue the study of its pathogenesy by taking up the old-school writers on materia medica, if the drug is one of which they treat.

In using old-school writers I point out that much which they record under "physiological action," is not pathogenesy, and I frequently point out what seems to me a fallacy underlying some one or other recommendation of theirs as a therapy. For (with few exceptions) each drug that I teach I have made out a chart of pathogenesy based upon toxicologies and old-school materia medicas and upon the *Cyclopædia of Drug Pathogenesy*, going over each of these drugs in the *Cyclopædia*, and crediting in my chart those items that come out repeatedly in the *Cyclopædia* records. In these charts I give reference to authority for individual items. Of these charts I made (with a cyclostyle) enough copies to put a chart of each drug into the hands of each student. Intending the charts as records of pure pathogenesy I do not put into them "clinical symptoms" or "clinical verifications." I think that one who teaches such symptoms and such "verifications" should always keep them distinct from records of pathogenesy. I give instruction regarding such rational practices and such empirical practices as commend themselves to me.

No drug can be a homœopathic medicine unless it is a dynamic poison. This is one of the reasons why I do not lecture upon some substances which are often lectured upon as homœopathic medicines, *e.g.*, *natrum muriaticum* and *carbo vegetabilis*. Regarding some other substance (as *lycopodium*), I may say to the class: I hardly think that this is pathogenetic; and if not pathogenetic, it cannot be homœopathic. But many homœopathists have regarded it as having such and such a pathogenesy and as a curative when given upon such and such indications.

There is one set of substances upon whose records as pathogenetic I always look critically and, in the first instance, with suspicion. It is those substances whose provings are alleged to have shown that previously accepted practices were homœopathic. The history of practice with these substances I try to bring out very clearly in the class-room.

I encourage students to ask questions regarding pathogenesy and to discuss them with me in the lecture-room, so that for a part of the lecture-hour our exercises often become quite conversational.

3. *Which is the best place for teaching therapeutics: (1) Hospital, (2) Dispensary, (3) Clinic, (4) Class-room, or (5) Bedside, and how should it be done?*

Both theoretical and practical teaching must have place. In each prescription purporting to be homœopathic let the indications for the remedy be very definitely stated. Whenever a purely "clinical symptom" is made use of, let attention be called to the fact, also have the attention called to any weight allowed "clinical verifications." Whenever a "rational" practice (as distinguished from homœopathic) is adopted, let the theory for the prescription be clearly stated. Whenever a purely empirical prescription is made or an empirical consideration modifies the prescription the fact should be brought out.

4. *Do you teach the potency of the remedy studied? If not, why not? If you do, how do you explain the potency you advocate?*

I do not teach potency. I advise students to go slow if they tend to a belief in high potencies.

5. *When should the Organon be taught, and how?*

I do not use the *Organon* as a text-book. I think one can better teach homœopathy without the *Organon* as a text-book than with it.

HOMŒOPATHY AND THE DISEASES OF CHILDREN.*

By Dr. James Love.

Last year the Society for the propagation of Homœopathy gave to the Mayoralty of the 9th Ward, twelve lectures embracing nearly all that can be said in general or in particular on homœopathy to an audience for the most part non-medical. Being specially interested in the diseases of children, I was allotted that particular section of the series. Naturally I tried to bring together the most striking facts bearing upon this question. I am somewhat embarrassed this year as the Society has given me the same subject, so that not only for the result of our propaganda, but also for the sake of my lecture, I am

* An address delivered in Paris on behalf of the Society for the propagation of Homœopathy. Translated from the *Revue Hom. Française*, August, 1894.

obliged to hope that the public who listened to me last year have been so good as to stay at home this evening, and that, hearing me for the first time, you will kindly consider my address as new.

If as I hope you have all followed the lectures that have been held in this hall on homœopathy you will notice that they have been arranged in a premeditated and absolutely methodical order.

Dr. Gounard has already spoken to you of the life of Hahnemann and the genesis of his great therapeutic reform.

Then Dr. V. Léon Simon has explained to you the law of similars, the outcome of Hahnemann's observation on disease, and the action of medicines. Upon that is built the pure Materia Medica that Doctor Jousset, senior, has explained to you.

Then Dr. Mark Jousset has submitted to you some very interesting statistics, and has put you in touch with the points of difference between the results obtained by the homœopathic and allopathic treatments.

These lectures constitute the first series, which we might designate Generalities on homœopathy.

To-day we begin a second and more special series, in which we shall try to bring you down from the philosophic heights, where until now we have kept you, and lead you to the practical side. In a word we shall try to show in the medical world that which in the political world Gambetta has so justly called the politics of results. If it is practised well in politics I believe it will answer. At any rate in medicine it is certainly the best, and undoubtedly it is that which interests the public.

If the Academics would say, "It is better to err with Galen than to follow Harvey," the laity would say, and with good reason, "Better be cured by any one than be led astray by the leaders of science."

We will proceed, and will bring before you illustrations something after the fashion of a magic lantern, because we cannot here give a course in therapeutics, but simply object lessons; we will therefore show you some of the results drawn from our respective departments. My part this evening will be to speak to you of the children.

What is there in reality more interesting than an infant? Nothing, since he possesses everything to inter-

est us. In the first place his weakness, for his weakness is really weak, which essentially distinguishes it from the weakness of women, one of the grandest known forces. It is distinguished equally from that of the aged because with the old man everything is over, while with the child all is to come. Now the past carries with it all the long line of deceptions and very often of misfortunes, while the future is accompanied nearly always with hope, and hope is almost always beautiful.

The infant is then the mark of general interest, and rightly so, because from that little being may come one day a great benefactor of humanity in all the ways that can bring blessing—sciences, art, philosophy or politics. It is this idea which originated the definition which served as a title to a marvellous book by Professor Fonssagrives, of Montpellier, *The Child is the Father of the Man.*

So above everything we must take care of the child; we must put into movement for him all that devotion and science can offer, so as to arrive at the results that society demands—make of the child a man, and, I might add, not a useless one.

In virtue of this claim, I say, at the risk of being accused of boasting, there are not two remedies for the child. There is only one, and that one is homœopathy.

I will divide that which I have to say to you in two parts, one part general and one part special.

The general part having reference only to the child, ought to be very short, the larger generalities have been set forth by the masters who have preceded me on this platform.

From the point of view of the treatment of children by homœopathy, the generalities may be summed up in a single word, convenience. In the eyes of many doctors this is very low ground; but this too much neglected convenience is of great value to my mind, and if, as I hope, there are among the ladies who do me the honour to listen to me a majority of mothers, I will add that it is of much greater value for them. The mothers who practise homœopathy all tell you that it is a great happiness for them not to have to add to the sufferings and torments that the disease brings to their babies, the disagreeables of allopathic treatment. Believe me this is not an element to be disdained even when it is only

for the investigation which helps the diagnosis. It is not a matter of indifference to have the confidence of one's little patients, instead of seeing them throw themselves from you the moment you appear in the room. I have had proof of this lately in a very pretty saying of a child. I was called in last year to the Avenue Montaigne to a little girl of three years of age. The parents took me aside when I arrived and warned me that their child had an horror of doctors, and that if I would examine her I must make believe that I was a friend who had come by chance. I conformed to their wishes and the interview passed without difficulty. I did not see the child again until I was called in a few days ago. On entering I found her in the drawing room, and as she looked at me fixedly, I said, "You do not remember me?" Immediately she replied, "Yes, I remember you, your medicines were nothing but water;" and our interview continued after the most cordial fashion. For her, my personality as a doctor was entirely in the fact that it was not accompanied by all the nauseous prescriptions of my predecessor.

More recently I was called in by a family who at the reiterated request of many friends decided to try homœopathy. It was for a child of five years of age who had taken cold. (One knows that even amongst those who do not believe in homœopathy in a general way, there are those who believe in it for the throat and for colds.) The situation was grave for the parents who made the trial for the first time. They bore their part bravely and showed themselves very courageous. To day the child is cured and joy reigns in the house. But for my own part the greatest happiness is less in the result itself than in the way in which it was obtained, and the mother, who two years before had nursed another of her children in pneumonia which was treated by emetics and blisters had no words in which to express her gratitude for the easy and comfortable manner in which the child was benefited.

When I told you that the generalities on homœopathy as to children were included in a single word, I was mistaken. There is another which is not wanting in importance in the debate, that word is security. You have doubtless all read in this morning's papers the accident which has just happened to a doctor

who unhappily was also a member of Parliament. A child whom he was attending died, and they blamed his prescription for having poisoned him. The case does not seem very clear to me, and as they say at the Palace, it may be that politics had taken precedence of medicine. At any rate it is not an isolated case. I will relate another example which took place in the family of old friends of my own. A child of five, who was attacked with intermittent fever and attended by a hospital doctor, died, poisoned as a result of an error committed by one of the most celebrated chemists of Paris. The student who made up the prescription had dispensed suppositories of *morphia* instead of suppositories of *sulphate of quinine* which had been prescribed. The same cannot be imputed to us; it is admitted even by our detractors, that if our therapeutics are not useful we can at least always take to ourselves the celebrated adage, "*Primo non nocere.*" Convenience and security are, then, the two primary qualities which we cannot refuse to homœopathy; and I repeat that especially in connection with children, they are two factors which must not be despised.

I will now approach the second part of this lecture, and pass in review before you some of the diseases of childhood, and the results that we obtain in these diseases.

In taking the child from its earliest infancy, one of the most serious and most grave diseases is broncho-pneumonia, known commonly as inflammation of the lungs. My most complete and extended field of observation is my dispensary for children. There I see a great deal of broncho-pneumonia, as the conditions of life of these patients are essentially favourable to the development of this serious malady. The conditions of the treatment are also unique, and could not be more unfavourable.

While the little patients of the town are surrounded by an unprecedented luxury of precautions of every kind, at the dispensary the child is taken every morning from his bed and carried to my consulting room in weather often very severe, as it is usually in winter that this disease is prevalent. These children are cured; and without having prepared any special statistics, I can say that in almost every case the result was most satisfactory. The same remedies apply equally to the adult as

to the child, *aconite*, *ipecac.* and *bryonia.* In some special cases I have found the medicines indicated by Teste very effectual—*pulsatilla*, *spongia* and *chelidonium.*

Everyone knows that in the first year infant mortality attains gigantic proportions, due most generally to gastro-intestinal affections. There also we triumph, thanks to our therapeutic arsenal. *Ipecac.*, *arsenic*, *phosphoric acid*, *mercury* and particularly *chamomilla* give us splendid results. It goes without saying that none of these remedies will succeed unless at the same time you order a diet exactly suited to the age of the child. *Puer totus in stomacho.* The first thing then is to correct the frequent errors of diet, which are generally the first cause of the disease. But this is not enough for the disease once there, diet without medicine is powerless. I will cite the following case:—A child, two years of age, was brought to my dispensary after having been under treatment for three months at all the special hospitals. He had been suffering from diarrhœa during all that time. Nothing that they had tried had succeeded, and according to the realistic expression of the mother, which I hope you will excuse my giving, every morning she found the child *baigné dans ses matières.* All the symptoms of this diarrhœa corresponded exactly to that of *merc. cor.*, otherwise called corrosive sublimate. I gave him the 6th dilution, 5 drops in 200 grammes of water, four dessert-spoonfuls a day. Four days later they brought the child to me, the medicine was not finished but the diarrhœa was. The child is now six years old and there has been no return of the malady.

Certain children by a natural disposition of the larynx are subject to an affection which is not often serious, but which is a constant source of terror to the poor mother. It is laryngismus stridulus or false croup. The child is asleep, the parents at rest, when suddenly between midnight and one o'clock in the morning, the baby wakes, taken with suffocation, and a racking, barking terrifying cough. The result is, that in a quarter of an hour or so, according to distance, the doctor is roused from hard-earned rest, drives in a cab across Paris, to see the baby who is dying, as the servant who has fetched him says. You may assure yourself that, generally speaking, he will be as well as you on the next morning, It is none the less true that for several hours the whole

house was in the greatest anxiety. To all this excitement the allopathic doctor invariably adds a strong emetic which necessitates horrible scenes to make the child swallow it, and which makes him worse.

The child often has a return of this disease, whereupon the same emetic is confidently administered—if, indeed, it is not given as often as once a month to prevent recurrence. Instead of all this a few doses of *hepar sulph.* calms the attack and puts all right without troubling or disturbing the digestive organs.

How different is that other terrible disease which is as a nightmare to mothers, the croup or diphtheria.

Here I must be more modest, as the enemy is strong and it is impossible to say who will conquer. In such a case, if we cannot do very much, though that little is more than anyone else does, one ought to be satisfied and not hesitate to say so. You know how the knowledge of the diphtheria microbe has modified the treatment of this disease. At the present time and always in virtue of the same principle *sublâta causâ tollitus effectus*, the false membrane being the seat of the disease it should be taken away. Moreover, I should not hesitate to say that the local applications with which the little patients are tormented at the commencement of the disease are outrageous, that is to say, when only the pharynx and the passages of the throat are attacked. Up to now I do not know that the extension from the pharynx to the larynx, that is to say the transformation of diphtheria to croup, has been greatly hindered by them, and that for a very good reason that this procedure answers to an erroneous conception of the disease.

But I am not here to discuss this question, all that I can say is that this proceeding is frightful and is not justified by results.

We have at our disposal in diphtheria several medicines which vary according to the symptoms of the disease. The one most in favour in both schools is the *cyanide of mercury*, which was used for the first time by Dr. Beck. The account of that first application was given at the Homœopathic Congress at the Exhibition of 1889, by Dr. Beck in a most touching manner, as the little patient he saved 30 years before, was himself present at the Congress. It was Dr. Alexander Villers. In presence of the despair of his friend, Dr. Villers *père*, and of the

hopelessness of the doctor in charge, who saw his little patient growing worse hour by hour, Dr. Beck suddenly remembered having read some observations on a poisoning case by the *cyanide of mercury* and was struck by the similarity of that intoxication to diphtheria. He immediately prepared the sixth dilution of that medicine, which up to that time had been known only as a poison, and cured the child. At the same Congress of 1889, Dr. Brasol, of St. Petersburg, related to us how, while an allopathic doctor, he went through an epidemic of diphtheria and how, profoundly discouraged by his lack of success, he then had recourse to *cyanide of mercury* prepared homœopathically. It is certain that the results were convincing as he has since become one of the pillars of homœopathy in Russia.

As I told you, that is not the only remedy; notably *bryonia, hepar sulph.* and *spongia* find most useful indications. I ought to speak two or three words on a delicate matter. There is a general belief abroad that when a case of croup is treated homœopathically there can be no question of tracheotomy. This is a grave mistake. There ought to be less occasion to practise it, but there are cases where, in spite of everything, we have to resort to it. You will say, then, that the situation of a child operated upon by a homœopath is the same as that of a child operated upon by an allopath. This also is a great mistake. What have you done when you have performed tracheotomy? You have simply kicked over the stove of a man who had lighted a bushel of charcoal in his room, and who was half dead when you arrived. It is a precaution, it is a respite that is given you in order to save him. Yes, but in allopathy that respite is all, and they count on a good constitution and generous wines to do the rest. We have something else besides. When we have given air to the child in order to give ourselves a little time, we attack the diphtheria which has not been disarmed, and which in more than half of the cases renders your operation useless. It is this which gives us superior results in our operations. We do not operate better, but we take better care of our patients, because we attack the disease while they only give palliative medicine.

(To be continued.)

REVIEWS.

Hahnemann's Therapeutic Hints. Collected and arranged by R. E. Dudgeon, M.D. London: E. Gould & Son. 1894.

This little work is another illustration of what has often enough been pointed out before—that it is not the so-called "pure Hahnemannians" who are at pains to render accessible to the profession the work of the immortal Hahnemann. As illustrating the practice of Hahnemann at different periods of his life, the *Therapeutic Hints* are of much interest. The introduction gives five cases—apparently the only five published by Hahnemann—consisting of a careful symptomatic record, and the medicinal treatment at their different stages. All these cases are quoted from the *Lesser Writings*, but two of them are related at greater length and with more detailed explanation of the reasons for selecting the medicines in the *Materia Medica Pura*, vol. i., of Dudgeon's translation.

The chief part of the volume (60 pp.) is in the form of a repertory after Hahnemann's schema. The symptoms thus indexed are hints "found in the introductory observations prefixed to most of the pathogeneses of medicines found in the *Chronic Diseases*," and "scattered throughout Hahnemann's published works and letters."

If these *Hints* are used, as Dr. Dudgeon points out they should be, not to determine our choice of a remedy, but to corroborate the correctness of that choice, they cannot fail to be of use to careful prescribers. The homœopathic profession, both in this country and in America, will give Dr. Dudgeon's latest literary undertaking a cordial welcome, both for his own sake and for Hahnemann's.

Sharp's Tracts on Homœopathy. Fourteenth thousand. Philadelphia: Boericke & Tafel. 1894.

This volume appears to be simply an American reprint of the veteran homœopathist and isopathist Dr. Sharp's well-known *Tracts*. These interesting papers are still the best introduction to the general theory of homœopathy, its difficulties, advantages, remedies, &c., that we know. In simple but dignified language, these matters are clearly and learnedly dealt with.

Some prefatory remarks were needed to explain to the reader that this is not a work fresh from the pen of its author. In their absence, some of the information seems a little out of date, *e.g.*, the story of the tyrannical action of the University of Edinburgh in the case of "Mr. Alfred Pope"!

If this is the first time that the *Tracts* have appeared in America, we have no doubt they will have an immense sale, for they form very fascinating reading.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The fourth meeting of the session was held on Thursday, January 3rd, at the College of Organists, Dr. Byres Moir, President, in the chair.

Dr. Roberson Day presented and explained the schedules drawn up for the collective investigation of certain diseases, and after discussion it was decided to present them again when amended according to suggestions made at the meeting.

Dr. Burford showed a cystic myoma of the uterus, from a patient on whom he had lately performed a successful hysterectomy.

Dr. McLachlan, of Oxford, read a paper entitled *Chronic Mercurial Poisoning in its Relation to various forms of Cerebro-spinal Disease*. He first discussed the specific action of *mercury*, showing the chemical changes it underwent when introduced into the stomach. He considered its specific action unquestionable, but its mode of action still obscure. He then discussed the etiology, anatomy, and symptoms of multiple cerebro-spinal sclerosis, describing principally those that have their counterpart in the *Cyclopædia*. He next dwelt upon endarteritis obliterans as it occurs in syphilis, in the healing of wounds and in the vessels of the kidney in Bright's disease. He then carefully contrasted the pathological anatomy and symptoms of chorea, paralysis agitans, locomotor ataxy, Friedreich's disease, and certain mental diseases and neuralgias, with the pathogenetic effects of *mercury* as set forth in the *Cyclopædia of Drug Pathogenesy*. In conclusion Dr. McLachlan attempted to answer the question "How are we to know, with a reasonable amount of certainty, the special cases of the foregoing diseases where *mercury* is the indicated (*i.e.*, the simillimum, or most like) remedy? He considered the only possible scientific way out of the difficulty is to follow the rule laid down by Hahnemann in paragraph 153 of the *Organon*. He lastly carefully detailed the symptoms that are regarded as more or less characteristic of *mercury*.

The paper was discussed by Dr. Hughes, Dr. Clifton, Dr. Goldsbrough, Dr. Dudgeon, Dr. Day, Dr. Burford and Dr. Moir.

NOTABILIA.

HOMŒOPATHY IN SWEDEN.

The *New England Medical Gazette* states that in Sweden the medical men are so "ethically developed" that the practice of homœopathy is forbidden amongst them, and every globule

of homœopathic medicine, introduced into the country, has to be smuggled in. As the practice of homœopathy is totally independent of the globule, the prohibition of globules, saturated with medicines for homœopathic use, will not preclude the practice of homœopathy. The use of the *cyanide of mercury* in diphtheria is pure homœopathy; and some of the most gratifying evidence of its control over diphtheria, has been provided by a Swedish physician. The Swedes may keep out globules but they cannot keep out homœopathy.

SURGEON GENERAL OF NEW YORK STATE.

We have been gratified by the announcement made by our American exchanges to learn that the recently elected governor of New York State has appointed Dr. M. O. Terry, of Utica, N. Y., to be the Surgeon General of New York National Guards and Examiner of Pensions. Dr. Terry has, for many years, been known as a homœopathic physician extensively engaged in practice, and as an operating surgeon of great ability. Dr. Watson, practising in the same city, held these offices some fifteen years ago, during the administration of one of the former governors. We congratulate Dr. Terry on his appointment, and our medical brethren in New York State on having homœopathy so efficiently represented upon the governor's staff.

ON KISSING.

"The English, in that heavy way of theirs, are descanting rampantly against promiscuous kissing, and are showing many reasons to believe that tuberculosis, diphtheria, gastralgia (!) disordered livers (!) and toothache (!) may be implanted by the two common oscillating of children and even of adults. They are talking, too, of sanitary committees to put down kissing, but they are overlooking, all the while, the iron hold which the custom has upon sweethearts who of themselves will keep green the memory of the institution. It is not to be supposed that love-making will be conducted on antiseptic principles."—*Medical Century*, Oct. 15th, p. 494.

The Americans, in that light way of theirs, are apt to be careless about orthography. When we heavy English wish to speak of kissing in a word derived from the Latin, we say "osculating," not "oscillating."

ORIFICIAL SURGERY.

The *Chicago Homœopath* gives an indication of Dr. Pratt's surgical panacea in the following (real or imaginary) extract from a class-room examination:—

"Dr. H. F. Beebe: Since the hæmorrhoidal vein is connected with the portal vein, what happens when the liver becomes congested?

"Chorus of Juniors: The American operation"!

LIEBIG'S EXTRACT COMPANY.

From the *Ladies' Journal* of Berlin and Vienna, we learn that the Belgian sculptors, Messrs. Jef. Lambeaux and Jules Lagae, have produced an ingenious and artistic monument representing the first Extract of Meat Company in the world. "Enclosed by an artistic railing, a pedestal of black marble supports a section of the terrestial sphere, showing the continents of North and South America and Europe. Resting on this are three arms, on each of which stands a magnificent life-size bronze model of an ox. The heads are turned inwards, and the horns meeting together support an immense reproduction of the familiar jar of the Liebig's Extract of Meat Company, surmounted by a bust of the great inventor, Justus von Liebig, modelled after that in the Maximilian Square in Münich, by the Bavarian sculptor Wagmüller. The whole is richly decorated and festooned with medals, and measures 20 feet in diameter and 25ft. in height: no less than five railway trucks were required to convey it from Brussels to Antwerp. In this exhibit it is the artistic merit which attracts the attention of the visitor." The same periodical states that: "The Liebig Company is the founder of the whole Extract of Meat Industry, and is the only one which has enjoyed the personal co-operation of the celebrated chemist, Justus von Liebig, the inventor of the process. At the death of the great chemist, his post was filled by professor Dr. Max von Pettenkofer, his intimate friend and pupil, whose name has attained wide celebrity, and who is one of the first living authorities on hygienic science. The possessions and factories of the Liebig Company at Fray Bentos cover 165,000 acres. To this must be added territories which it rents to the extent of 47,000 acres. The large scale on which the manufacture is carried on is shown by the number of cattle slaughtered averaging 200,000 head per annum."

OBITUARY.

ARCHIBALD REITH, M.D. (Aberd.), M.R.C.S. Eng.

We regret to have to announce the death of Dr. Archibald Reith, on the 30th of December, 1894. Dr. Reith had been for several years in enfeebled health, obliging him last year to give up practice, and leave home in quest of health. He had been advised to take a sea-voyage to the Cape, and it was while returning home that he died on board the s.s. "Norham

Castle." He was born in 1837, his death thus occurring in his 57th year. He was distinguished both at school and college, being looked upon as one of the first men of his year at Marischal College, Aberdeen, where he took his degree of M.B. in 1858. In the same year he obtained the M.R.C.S. Eng. In the following year, he graduated M.D. After studying for a time in Paris, he commenced practice in Aberdeen, and was very soon appointed one of the physicians to the Aberdeen General Dispensary. His practice rapidly developed, and in 1864 he was appointed one of the physicians to the Royal Infirmary of the city. This office he only held for four years, as in 1867 he became an avowed homœopath, resulting in the following year in his being turned out of his hospital appointment. The circumstances connected with this episode created an immense sensation in the North of Scotland, as homœopathy had not till then been represented in Aberdeen. A full account of all the proceedings will be found in the *Monthly Homœopathic Review*, vol. xii.; but they are so interesting in the history of homœopathy, that it will be well to recall the main facts, now that Dr. Reith is no longer with us. His conversion to homœopathy was brought about in so unusual a manner, that it forms a remarkable prologue to the subsequent events. He had under his care at the hospital a case of disease of the cervical ganglia of the sympathetic, which interested him greatly, and set him a-thinking on its effects, and the light which these effects might throw on therapeutics. He published the case, with comments and suggestions as to the action of medicines, in the *Edinburgh Medical Journal* in the beginning of 1868. While talking of this case, his views as to the condition of dilated blood-vessels, which was produced in the patient, and a possible theory of the action of medicines based on these facts, with Dr. Dyce Brown, who was then also in practice in Aberdeen, the latter, who at this time was a homœopath in everything but open avowal of homœopathy, saw at once in what direction Dr. Reith's views were tending. He said, "That is really homœopathy." To which Dr. Reith replied, "Homœopathy is exploded long ago." Dr. Dyce Brown assured him that he was quite mistaken, and proceeded to "expound the law" to his friend. This opened Reith's eyes at once to see that the point he was on the verge of finding out for himself, was the basis of the homœopathic law which he had thought was exploded, owing to the ignorance prevailing in the profession of what homœopathy really consisted. Thus prepared, and with that openness and fearless candour of mind which characterised him, he saw the whole thing, and was ready to put it to the test. The result of his trials of it in private practice and at the hospital very soon

settled his convictions, not only as to the theoretical truth of the law of similars, but as to its practical success, and its immense superiority over the old system. Dr. Reith's conviction was the immediate means of Dr. Dyce Brown's open avowal of homœopathy, the two friends resolving to avow their beliefs together openly. The first step in the drama was the inditing of a letter to Dr. Reith by Drs. Harvey and Smith-Shand, two of his hospital colleagues, protesting against his views as being opposed to those of the large majority of the profession, objecting to his using homœopathic medicines in the hospital, and treating the patients in this way, and protesting against the small doses he was giving, doses, in their opinion, quite inadequate to be of any use—a letter of the good old, ignorant style. Dr. Reith answered this in an admirable letter, defending his views and practice. This correspondence Drs. Harvey and Smith-Shand handed to the board of management of the hospital. Dr. Reith sent to the board at the same time a statement of his standpoint. The board referred the matter to the consulting physicians, Drs. Kilgour and Dyce, who, of course, gave an adverse judgment on the heretical views avowed by Dr. Reith. Dr. Reith at this time resolved to publish a pamphlet on homœopathy, as an "*apologia pro sua vita*," which he immediately did, under the title of *Homœopathy: Its Nature and Relative Value*. In order to back him up, Dr. Dyce Brown wrote an appendix to this pamphlet, showing in parallel columns, by extracts from standard works on allopathic medicine, what a large amount of actual homœopathy was practised and recommended in the old school, unwittingly. This pamphlet had a very large sale, and the local papers were full of letters on both sides, showing the keen interest taken by the public in the discussion. Seeing that there was a distinct chance of Dr. Reith being left undisturbed in his hospital appointment, owing to his well-known talent, and the very high respect entertained for him in Aberdeen, his hospital colleagues resolved to "play trumps," and in December, 1868, they signed a "round robin," stating that if, at the next re-election, Dr. Reith were re-elected, they would resign in a body. This situation was too severe an ordeal to pass the hospital through, and the result was that the majority gained their point, and Dr. Reith was not re-elected.

The hospital was thus cleared of the heresy. But to the honour of some of his opponents, it must be told, that more than one of those who signed this "round robin," told the writer some time after, that they never regretted anything in their lives more than having taken part in it.

About two months before this episode, a resolution was

moved by Dr. Keith, the senior surgeon of the hospital, at the Aberdeen Medico-Chirurgical Society of Aberdeen, "That this society considers the practice of homœopathy opposed to medical science, and injurious to human life." In the discussion, in which Drs. Reith and Dyce Brown stoutly defended their position, it was found that the society would not agree to the last half of the resolution, which was thrown out, and the first part passed, with the two dissentient voices. At the next meeting of the society, another resolution was brought forward by Dr. Dyce, the professor of midwifery, and seconded by Dr. Harvey, the professor of materia medica, to the effect that no man professing or practising homœopathy should be admitted a member of the society, and that those who were already members should be expelled. This was vehemently opposed by several of the leading members of the society, and specially and strongly by Dr. Struthers, the Professor of Anatomy in the University, who went the length of saying that he would rather sweep a crossing than have anything to do with such a resolution. He moved a direct negative. The discussion got so hot, that the meeting was broken up by Dr. Harvey leaving the chair. Dr. Struthers then stated that at the next meeting he would have the resolution again brought forward, and negatived. At the adjourned meeting, Dr. Dyce did not appear, but wrote that he withdrew "for the present" his resolution. This, Dr. Struthers moved should not be accepted, and in deference to Dr. Dyce, the question was adjourned till the next meeting to enable him to be present. When the day of meeting came round again, a letter was read from Dr. Dyce, withdrawing his motion definitely. Dr. Kilgour, the other consulting physician to the hospital, told the writer that he had seen Dr. Dyce, and insisted on his withdrawing his motion.

The two homœopaths thus scored a great success in remaining members of the society, in spite of their heresy. All honour to those distinguished allopaths, who at these meetings so stoutly fought against the proposed tyranny of expulsion. Years afterwards, when the bitterness of feeling had subsided, and when Dr. Dyce Brown had left Aberdeen for London, Dr. Reith had the signal triumph of being chosen the President of this very society.

After thus being compulsorily retired from the hospital, Dr. Reith devoted himself to private practice, of which he had a large share. All his former patients stuck to him, and homœopathy flourished, as Dr. Reith's ability and very high character secured for him an excellent position. This he held till failing health obliged him to do less work, and ultimately to give it up altogether. Following so soon after the death of

Dr. Walker, Aberdeen is thus left without a homœopathic practitioner.

We have alluded to the great respect and esteem in which Dr. Reith was held by all who knew him, and by those even who did not know him personally. From the beginning of his life he was essentially a religious man, interested in all religious and philanthropic objects, and honourable and straightforward in every department of life. His religious work was carried on quietly, and with entire absence of ostentation. No one who did not take the trouble to find out, would have had any idea of the amount of time and energy he bestowed on the scheme which was his second life, as it were. This was the formation and development of the Porthill School. It had been in existence for some years, but had collapsed, or nearly so, when Dr. Reith, in whose dispensary district it lay, saw what its needs were and what it might be made to accomplish. To revive it was his determination. He undertook the management of it, taught in it himself, and so organised and developed it that evening classes, clubs, and other kindred works soon sprung up in connection with it. The largest Sunday schools in Aberdeen were there, and many an hour on Sunday, as well as other days, Dr. Reith spent there. He also started a weekly paper in connection with the Porthill School, which he conducted entirely single-handed. He succeeded in raising £7,000 to re-build the schools on a larger scale, capable of accommodating a thousand children. This work he kept up for thirty years, and we have little doubt that the hard work, mental and physical, thus entailed, added to the wear and tear of his professional life, had largely to do with the lamentable break-down in his health at a comparatively early age. He is lamented in Aberdeen by a large circle of friends, and his loss will be much felt in the religious as well as the professional world.

CORRESPONDENCE.

MR. THEOBALD AND THE MEDICAL COUNCIL.

To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—Permit me to thank you very heartily for the kind way in which you speak of me in your last number. There is one mistake, however, which I should like to correct. You say:—

"We regret, more than we can express, that in an evil hour Mr. Theobald should have ceased to rely upon the well

proved doctrine of drug selection propounded by Hahnemann, and have placed his confidence in the unsubstantiated assertions of the Bologna magnate."

This is not the true account of my case. I have never once abandoned the doctrine of specifics taught by Hahnemann. I am as staunch a homœopath, both in theory and practice, as I ever was, and perhaps more Hahnemannian in type than most of my *confrères*. Not only so, but in the ill-fated volume, the publication of which is pronounced "infamous in a professional respect," by the General Medical Council, I expressly affirm that the Mattei methods are subordinate to homœopathy, being simply a "large and important *province* of the older homœopathy." Also I have said: "For my part I would not allow *anti-scrofoloso* or *anti-canceroso* to eject *sulphur* and *calcarea* any more than I would the regular army to be ejected by volunteers, or the navy by the militia." I regard Matteism as a sort of extension both of the theory and practice of homœopathy—an attempt to treat certain selected cases of disease homœopathically by reference to types, rather than by individualisation of cases. This also I state in the preface to the second edition. Indeed, I have been expressly careful *not* to identify myself with the exclusive or paramount claims put forward by the Count and his too eager adherents, and to assign a lower and quite subordinate position to the Italian offshoot. I hoped that the Count would, by publishing the nature of his remedies, confirm this view, and enable us to carry it forward more completely and scientifically.

I enclose a letter which I sent to Count Mattei some months ago, a copy of which was sent to the Council of the Royal College of Surgeons, omitting, however, the part enclosed in brackets, which was deemed a little too pungent for their palate. To this letter the Count has sent no reply to me, but he has allowed Mr. Gliddon to publish the names of some of his specifics, without, however, telling us how the particular members of this miscellaneous list are to be fitted to the veiled specific. I cannot express the indignation I feel at this mean and contemptible behaviour of the Count.

As to my own case, I cannot but think it an exceptionally hard one. After more than 38 years of professional life, with absolutely unblemished reputation, for one mistake—which the most rigid moralist would not pronounce deeply criminal, and in which the general public would find nothing at all deserving of any kind of censure—after every possible *amende* has been made for the admitted and regretted error, more than seven months after the incriminated book has been

withdrawn from circulation, with all these strong and accumulated reasons for mitigated measures, that the General Medical Council should proceed to the harsh extremity of branding me with infamy and banishing me from their ranks as a Pariah and an outcast, seems to me, and to my friends, a pitiless and remorseless procedure. It is the old story, anticipated, like all other phases of human experience, by Shakespeare :—

> The painful warrior, famousèd for fight,
> After a thousand victories, once foiled.
> Is from the book of honour rasèd quite
> And all the rest forgot for which he toiled.
>
> SONNET 25.

With unaltered and unalterable devotion to the purest and most transcendental Hahnemannian homœopathy,

I am,

Yours very faithfully,

R. M. THEOBALD.

"April 23, 1894.

"My dear Count Mattei,—

"I have been now for many years practising your system of medicine as an adjunct to my use of the ordinary homœopathy. I employed it long before it had achieved the notoriety which it now possesses. I have seen many good results, and I am most anxious that its benefits should be enjoyed by the many sufferers who require such aid as it alone can afford. A few years ago it blazed into publicity, it was talked about freely in private, and discussed in all the newspapers. Now it is rarely heard of, and the demand for it has much abated. Those of us who value it desire that it should be placed on a stable and lasting basis; not subject to the fluctuations of fashion, not dependent upon sensational methods of asserting its claims or of vaunting its achievements.

"But for this we, must have facilities for the practice of 'Electro-homœopathy' which, at present we do not possess, and we must be delivered from the obstructions and annoyances which embarrass our work, keeping our ranks thin and our camp deserted by willing volunteers. We look partly to you to help us in making a new start, and enabling us to work in the eye of the public with outward honour and inward self-respect. You can, if you will, put your contribution to

homœopathic experience on a sounder footing and secure for it a much larger following.

"First of all, and chief of all, we can make no advance whatever till the scandal of secresy is removed. And I will tell you some facts and some reasons which convince me that this is so.

"Last January I received a communication from the Royal College of Surgeons, whose diploma enables me to practise as a qualified medical man, informing me that I am violating one of the rules of their body by my public advocacy of secret remedies, as shown by my translation of your book, and the prefaces which I have added thereto. They furthermore informed me that I was liable to expulsion from their ranks, and invited me to state any reasons which I could find why such penal infliction should not take place.

"Their decision is not yet announced. They seem puzzled—for after sitting four months they have not yet hatched their conclusion. But on enquiry I find that other medical men in the same position have had similar communications, and could only prevent extreme measures by undertaking to refrain from such public advocacy for the future. This, then, is the position of your adherents in England. We cannot effectually practise your system and publish the results, for the information of the public and for our own advantage, without incurring a risk of the injury and the ignominy of expulsion from the licensing bodies, and losing our status as qualified medical men.

"Now I appeal to you if this is a sacrifice which you are entitled to ask us to submit to. Are we to be exposed to all this danger—this molestation, this loss of good name and of public respect and professional standing—are our fortunes as hard-working professional men, engaged in an expensive and responsible calling, to be put to this hazard, because you will persist in keeping to yourself all the knowledge you possess of the nature and sources of your remedies, and give them fancy names? For us the position is an anomalous and humiliating one. For we are not able to use the instruments of our work by our own independent and realised light. We are the lacqueys of another man's brains, mere pipes through which he speaks. We rebel against this and demand its repeal. You can prevent it all by a frank disclosure of the natural history of your remedies. You need not, unless you choose, say exactly how they are prepared. You may, if you will, reserve the monopoly of that for yourself. I am persuaded that you would lose nothing financially by this disclosure; the demand for your specifics, authentically prepared by yourself, would be immensely augmented, and

you would be lauded as a benefactor by the unanimous voice of the homœopaths of all English-speaking countries, who now look askance at your claims and have no voice for your merits. This secresy which has fretted us so long has become intolerable, and it must cease, or 'Electro-homœopathy' will be extinguished in this country, and those who practise it will be shunned by their brethern as outcasts, and fall into poverty and neglect.

"I urge this upon you, not entirely or chiefly on my own account, although I think my voice deserves some consideration, but mainly in the interests of science and of humanity, and of medical progress and freedom. Your own system suffers under this veil of secresy. One result is that more than half of your remedies are never used at all. We know nothing about them. They are distinguished from their associated drugs by numbers, 1, 2, 3, doppio, nuovo, &c.; or, they are labelled with foolish and fanciful tickets, such as Dom fin, Marina, T. B., which tell absolutely nothing of their quality and uses. We cannot mention them with grave faces or recommend them without hesitating and faltering utterance. We are exposed to the jeers and scoffs of adverse critics because we are supposed to endorse these childish frivolities, which indeed we only tolerate because they are linked inseparably with medical potencies which we highly prize, and with which we cannot dispense.

"In the name of science, too, we claim that this secresy should cease. You must know as well as we do that no knowledge which is the private monopoly of one person can possibly take its place among accepted scientific truths, and to call such knowledge science is simply preposterous. For no fact is solitary—every fact, if it finds entrance into the halls of science, takes its place in a system, and is ranged with other related facts, giving and receiving illumination by this conjunction, ever multiplying itself by the resembling and contrasting lights which are brought out by comparison of one fact with another. Such scientific interaction is impossible unless the facts which are studied are as completely known as the advance of science permits. Secresy is the grave of science. It is especially abhorrent to the English mind—and above all it is scouted and condemned by the unanimous voice of the medical fraternity. It is the very badge of quackery, the one and only characteristic of that much-abused and indefinable word which is universally admitted.

["At present I am in peril, and although I know that very many members of the body which is to judge me are violently and venomously opposed to homœopathy, and would willingly

smash and squelch it under their boots like a detested insect, yet, their rancour is conveniently bitted and bridled, as long as our methods and proceedings are so frankly avowe and so scientifically expounded as the laws and practice of homœopathy are by the illustrious Hahnemann—the greatest and most sagacious medical philosopher that ever lived. But when secresy intervenes their hostility finds its opportunity; they will worry, if they can; they will smite, if they dare.

For another reason I ask you to rend asunder this veil of secresy. Homœopathy is growing, and we want all its offsets and collateral branches to be placed in the best possible lights. The ruling medical practice is struggling with eager, but futile, desperation after specifics; they are bewildered and biologised by the infinitely varied allurements of organic chemistry, and by its ponderous and ostentatious sesquipedalianism. While decrying secret remedies, they surrender at discretion to the semi-secresy of the tabloids and ready made doses of wholesale chemists. They are hunting after microbes and germs—every ailment must find its bacillus, *i.e.*, its rod—an Aaron's rod of enchantment to swallow the dragons of disease, or a pedant's rod to scourge and drive away stripling diseases before they can attain to maturity. In these and various other ways they are coquetting with homœopathy. Their Materia Medica Text Books are crowded with vagrant waifs and strays, appropriated, (and vaunted as original discoveries), from the stores of homœopathy. They are haunted by its laws, which, in their state of therapeutic coma, they deliriously recognise, while they thunder their anathemas when their dreams are forgotten. It is the very season and opportunity for our great science with all its branches and developments.]

"And you can help the triumph of good medical common sense and level headed science, by adding your stores to the common stock, and bringing your discoveries to the light of open day.

"But unless you do this, your cause among us is lost. For my part I shall cease to identify myself with a secret system, or pose as one of its public representatives; and if I use its resources in my own private way, I shall say nothing about it to the world. You, and you only, can set us free from the dangers and entanglements which make our professional position not only intolerable but untenable.

"Accept the assurance of, &c."

[We cheerfully publish Mr. Theobald's letter, and are glad to learn that he is not wholly given over to the Mattei mysticism; but we must, as we have done on several occasions,

protest against it being associated in any way with homœopathy. For advertising purposes, Count Mattei's bundle of therapeutic assertions is termed the "Electro-Homœopathic System." Its proprietor's representatives in this country have long since abandoned the pretence that electricity has, as its name implies that it has, anything to do with the preparation of the so-called remedies. "Electro," we have been told, is to suggest rapidity of action! What "homœopathic" is used to intimate to the public, we do not know. In the course of a review of a book, by one of the Count's disciples purporting to set forth and illustrate his "system," we remarked (June 1, 1886, p. 356): "For a medicine to be homœopathic to any disease, it must first of all have been tested upon healthy persons, in order to see what diseases its effects on them resemble. No such experiments (with Mattei's medicines) have, so far as we are aware, been undertaken. . . . Such secresy as the Italian Count practises, in connection with his medicines, is utterly unknown in the whole history of homœopathy." Hence Mr. Theobald is in no way justified in describing the "Mattei methods" as "a large and important *province* of the older homœopathy." Matteism has no more to do with homœopathy than it has to do with electricity, and we protest once more against an association which is wholly wanting in justification.—EDS. *M.H.R.*]

THE TALLERMAN-SHEFFIELD PATENT LOCAL AND MEDICAL DRY AIR BATH.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—My attention was drawn some time since to Dr. Percy Wilde's communications which appeared in your journal of September and November upon the above-mentioned apparatus and our demonstration of its use at the Homœopathic Congress held on 28th June last. The tone and attitude Dr. Wilde has thought fit to adopt, and his inaccurate statements with respect to the said apparatus and demonstration, disentitled his communications to any notice from me, especially as I felt sure that the drift of Dr. Wilde's attack must be clear to your readers from such modest allusions as "*the much simpler arrangement of which I (Dr. Percy Wilde) am the inventor*," which "*produces much stronger thermal effects than the furnace of Mr. Tallerman's.*" But some of my friends appear to think that I ought to take some notice of Dr. Wilde's onslaught, and during the past few days I

received by post the three numbers of your journal with the communications marked off, and this must be my apology for troubling you. I do so much against my own inclination, but I am forced to the conclusion that Dr. Wilde's poetic license has already done us some injury, and if permitted to remain unexposed may do us considerably more.

I will first of all deal with the question of temperature. It will be remembered that the patient treated by our apparatus was seated dressed, and with his right hand and arm in the cylinder; that the left hand, outside the cylinder, was covered, and that the temperature in the cylinder was raised to 260° F.; no doubt there was some loss of heat by radiation from the body, but the *heat supply was continuous*, and the loss was but a percentage of the heat that was poured into the body by the improved circulation.

Dr. Madden, not being an inventor of "a much simpler arrangement which produced much stronger thermal effects" than the one before the meeting, wished to satisfy himself upon the point. He therefore took the patient's temperature, using his own clinical thermometer, twenty minutes after the operation had commenced, and found it to be 99·6°. Twenty minutes later he again took the temperature and the reading was 101 degs., "*while the whole visible skin was in a profuse perspiration*" and, continues Dr. Madden: "It is clear therefore that this appliance does raise the temperature of the body as a whole, and we can hardly imagine that the tissues of the joint in the apparatus do not participate in this rise."

And now let us see how this opinion is borne out by the effect of the treatment upon the patient. I would here observe that our apparatus was not designed to exhibit temperatures whether high or low, but to relieve pain and cure disease, a minor matter seemingly to Dr. Wilde.

Your report of the demonstration states as fellows; (see *M.H.R.* September 1st, 1894. "P. Bimsden æt 48, a painter, had acute rheumatism 2½ years ago, since when he had been a patient off and on at the Royal Free Hospital without benefit to his stiff joints. When he came to the Congress meeting his fingers were swollen, *painful and so stiff that he could not close either hand* though his right hand was worst."

After 30 minutes, the thermometer showing 250° F., I examined the left hand (the one on the outside of the cylinder) and found that the fingers could be readily flexed upon the palm, and all pain had left him, I reported this to the Chairman and those near to him and at the same time apologised for curing the wrong hand. At the end of an hour the patient's right hand was taken out of the cylinder, the thermometer registering 260 deg., and your report goes on to

state, "The man was then able to close the right hand without pain while the movements of the wrist were distinctly better. The curious thing is that the *left hand and wrist which were not treated* were also much improved. He could close his left hand without pain and the *wrist movement* was also better. *The knee joints* were also benefited as he said he had no pains in them *on movement*. The result was certainly remarkable, and the same thing, *the participation of the untreated joints* in the benefit, has been observed in other cases."

When it is found, as in this case, that the *joints* in the opposite extremities to that under treatment are so manifestly acted upon and their movement increased, and that, in addition, Dr. Madden's test shows a rise in temperature from 99.6 to 101 degs. in the 20 minutes, commencing after the operation had already been begun some 20 minutes, any ordinary mind would probably come to the same conclusion as Dr. Madden.

But Dr. Wilde's is no ordinary mind, and he appears to attribute the remarkable improvement in the patient to the "temperature of this room," and then rambles off into his old "mutton chop" argument.

In confirmation of the result obtained by Dr. Madden's test, I give particulars of temperatures taken in cases by gentlemen whose names are attached. The temperatures were taken with great care as I had informed them of Dr. Wilde's opinion.

The patients were treated in the rooms at a temperature of about 64 degrees.

Dr. J. G. G. Corkhill, Southport.

Case 1.—Miss C. C., æt. 54, chronic rheumatic arthritis. The condition is the outcome of 20 years' suffering, all joints affected, and utter helplessness, right arm inserted. The temperature of the body gradually rose from 98.2 to 100 degrees. Pulse rose from 96 to 116. There was a general and profuse perspiration, having a pungent characteristic odour; the operation occupied one hour. The temperature was carefully taken (four operations) in the mouth every 15 minutes during the bath, and found to rise uniformly *1 deg. in the hour, and to fall to normal, after the operation had been completed, in ten minutes.*"

Case II.—"A. R., æt. 60, suffering from acute gout in both feet, toes and ankles, both knees and index fingers on right hand, all these joints were swollen, tense with effusion, exquisitely painful and immovable. The present attack had lasted about a fortnight, during which time he had had little or no sleep on account of the pain. Temperature 100.6°, pulse 92, full.

"The left leg was put into the bath. At the end of 40 minutes he was taken out. During the bath he perspired profusely, and his pulse had risen to 108, whilst the temperature was up to 101.6. Twenty minutes later the temperature had fallen to 100 and pulse 92. Ten minutes after the operation had commenced he was asked 'Have you any pain?' when he thought for a moment and said 'No! the heat seems to have absorbed the whole of the pain.' After 80 minutes he was able slowly and without pain to move the fingers of the right hand so as to make a loose fist.

Dr. Archibald Keightley, Queen Anne Street, W.

Case I.—"Mrs. E. N. G., æt. 31, rheumatoid arthritis. Twenty baths. Temperature in this case during the application of the baths from 99.8, after 15 minutes to 100.4, temperature at commencement being normal.

"Since returning to the country the patient reports herself much better and that her muscles are steadily increasing in power and freedom of action, she is able to sit up for meals, which she has not done for three years."

Case 2.—Miss N. M., æt. 24, rheumatoid arthritis. Twenty baths. Temperature always normal at first, varies from 99.4 at commencement to 100.2.

I have now to deal with statements voluntarily and deliberately made by Dr. Wilde, which I call upon him to prove or withdraw.

First. His remarks upon the position of the patient whilst under treatment. I used such accommodation as the Congress provided, and if it was not all that I could desire it was I who had the right to complain. It does not lie in the mouth of Dr. Wilde, one of the members of the Congress, to complain, but rather to apologise for any shortcomings; but as a matter of fact in such cases as the one treated at the Congress we do not think it necessary to adopt either couch or bed, although there are cases when we do so. Dr. Wilde judges of our requirements by those of his "simpler arrangements." Dr. Wilde bathes his *protégés* for two hours at a time in his "Vaporarium," and they undergo that twice a day. Is it astonishing that the poor people require beds?

Second. Dr. Wilde describes the patient as "sitting upon the edge of the chair, his body bent forward with the arm extended, and his head within a few inches of a furnace, &c., &c."

The best reply to this is to give an extract from a clinical lecture delivered at St. Bartholomew's Hospital on the 23rd of May last by Mr. Willett. Speaking of two cases which he and his colleague, Mr. Walsham, saw treated in the presence of several other medical men, he said :—

"The first was that of a middle-aged man with sub-acute synovitis of the knee. Increased heat, slight effusion and some pain existed; this was increased on attempting to move the knee, which was held semi-flexed, having a range of active movement of only 10-15 deg. He could only walk, or rather hobble, with the aid of two sticks, on the toes of the affected limb. In this condition he was placed in a cylinder like the one we have here. When taken out of the bath after some 30 or 40 minutes, the knee was straight, all pain had left him, the foot was on the ground and he walked almost briskly out of the office. I heard that in a few days time he returned to work.

"This result naturally made a considerable impression upon me, for I knew no treatment that could have brought about so rapid a cure. . . . The man had been apparently cured in little more than half an hour, *not only quite painlessly, but by a process that one might almost call luxurious ease.*"

This patient sat on a chair with the cylinder lowered to enable the leg to enter.

"The second case was equally satisfactory, that of a woman about 45, with both hands crippled by chronic gout; the fingers were all kept slightly flexed; before going into the bath she could neither straighten nor flex them. It appeared that slowly for upwards of a year she had been drifting into this condition, and now she could do but little for herself. Only one hand, the right, said to be the worst, was put into the bath. After 15 minutes she volunteered the statement that her fingers seemed to loosen, and soon after she could oppose the thumb to all the fingers, which for many months she had not been able to do. After half an hour the hand was removed from the bath. I saw her open and close her hand readily. . . . . .

"*Both these patients were entirely comfortable all through the process.*"

After two of the cylinders had been used for two months in the wards of the hospital, Mr. Willett found that "the patient with arm or leg in this cylinder seems *throughout* in the most *absolute comfort.*"

I think that the foregoing disposes of Dr. Wilde's remarks about the patient's position. The most casual observer might have noticed that an asbestos jacket covering the cylinder prevented any considerable radiation.

Third. And as to the "furnace." This term will be better appreciated when I explain that the cylinder in question was 2 ft. 4 in. long and 1 ft. 4 in. diameter, and that the gas is usually drawn from a chandelier or bracket. If there is an ordinary force, sufficient is obtained from ONE light by remov-

ing the burner and fastening our tube in its place. In the day-time the force is sometimes reduced at the main, and we then have occasionally been compelled to use the gas from two burners. The gas is conducted to a specially constructed gas box below the cylinder, and divided into about 30 small jets, and burns with neither smoke nor smell.

And perhaps I might here give the temperature of the atmosphere taken near the patient's head by Dr. Corkhill. The notes say:—

"A thermometer was placed throughout the operation on her shoulder, the extreme reading thereof 74° only."

This is the "furnace" and the "withering heat" that so shocked the inventor of that "little arrangement" the "Vaporarium."

What does Mr. Willett say upon the subject after two of the cylinders had been worked in his wards over two months?

"I think there is evidence that the effect of the bath is not confined solely to the part acted on, for the *temperature of the patient is raised usually nearly one degree.* True, this elevation of temperature alone would not prove anything, for excitement will often send up temperatures, but the entire skin becomes relaxed. Besides, patients unite in saying that with the subsidence of pain in the part treated, pain is lulled in other joints." (Clinical lecture St. Bartholomew's Hospital, 28rd May, 1894.)

Then there is another writer upon the same subject, whom I quote. He says:—

"We may use warmth which dilates the capiliaries and *permits radiation but which will add to the heat of the body if maintained for more than a short time.*" (See Percy Wilde, M.D., *Medical Annual* 1890, page 50.)

Writing of his own apparatus, after it is charged with boiling water, he says, "It is the heat radiated from the metal in addition to that given off from the patient's body which forms the means of raising the body temperature." (See Percy Wilde, M.D., in his little work on *Rheumatism*, page 84.)

Fourth. I have now to refer to the statement "I understand that the treatment could not be continued for its usual time on account of the exhaustion of the patient," etc., etc., and I cannot refrain from asserting that this passes the bounds of common honesty. The duration of our operations is 40 minutes, occasionally they may extend to 50, but do not exceed an hour; experimentally, we have extended them to nearly three hours. In the present instance I well remember the sun was pouring down through a sky-light upon the back of my patient, upon the nurse and

myself. I would have released the patient at the end of 40 minutes but he was anxious to go on. I enquired every few minutes, but he never at any time felt faint, and when I stopped the operation at the end of an hour, the patient went to Dr. Dyce Brown's room to be carefully examined, and I leave it to that gentleman to state whether there is the slightest foundation in fact for the statement made by Dr. Wilde.

Fifth. Another statement, the incorrectness of which is so easily demonstrated that it puzzles one to know Dr. Wilde's object in making it, if it be not in the hope that some of his mud may stick, is the following :—

"Patients undergoing the *same treatment* may be seen on any day in the wards of the Bath Homœopathic Hospital, where it has been used for *seven years* . . . . The Vaporarium used at the Bath Homœopathic Hospital does produce an actual rise of temperature of the body, and therefore produces much stronger thermal effects than the furnace of Mr. Tallerman, although the temperature employed is very much lower."

In answer to enquiries I addressed to Dr. Wilde this week, he referred me to the *Medical Annual*, 1890, page 80-81, for particulars of the Bath Hospital appliances. I found that there are two. One is "Berthollet's local vapour bath," for treating patients with vapour at 110 F. to 112 degs. F. The other is Dr. Wilde's "little arrangement." The article is written by the latter, and of his appliance he says :—

"A local vapour bath is thus produced which will retain a high temperature for at least an hour and, if required, longer, &c."

I elicited the fact some time ago that the maximum temperature attainable by this appliance is 105 degs. F.

The two hospital appliances then are two vapour baths, designed to treat patients with *vapour* at temperatures *not exceeding* 112 and 105 degs. respectively.

Our apparatus is a local *hot dry air* bath, by which the treatment is *commenced* at 150 to 160 degs., and is raised with comfort to the patient to 250 to 300 degs. F., and these two treatments the scientific-truth loving Dr. Wilde voluntarily and in cold blood writes to say are "the same!"

As to the relative merits of our respective apparatus, I challenge Dr. Wilde to a public competitive demonstration, embracing the whole of the points raised—comfort of the patient, relief of pain, and cure of disease.

I am, Gentlemen,
Yours truly,
LEWIS A. TALLERMAN.

London, 21st December, 1894.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

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BOOKS RECEIVED.

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

—:o:—

THE PATHOLOGY AND THERAPEUTICS OF FEVER.

This is an age of improvement, apparent or real. What obtains for one generation will not do for the next. There is constantly at work a progressive movement, tending to change the old order of things, oft for the better, at times for the worse. This general law applies equally well to special domains, and in few do we find it more strikingly true than in the domain of medicine, and by that we mean the whole healing art. If, to specialise still a little further, we consider for a moment the history of the treatment of fever, we find from our *fin de siècle* standpoint the methods employed but half a century ago seem, and in many cases undoubtedly were, little short of lethal. The antiphlogistic and depletory therapeutics of antimony and venesection savour to us, in our age of apparent enlightenment, of malpraxis and barbarism. Were such measures employed now by a Rip Van Winkle section of the profession, their procedure would be considered as culpable and criminal as that of the earlier homœopaths was by their allopathic compeers.

Though we can hardly credit the existence at the present day of such widely differing views among members of any particular branch of the profession, still some of the differences are marked indeed. We need only refer to the discussion on Pyrexia at the 1894 meeting of the British Medical Association held at Bristol, as affording an example. No one, we presume, doubts to any extent the claims of the case of the neurotic theory of fever as ably stated by Dr. HALE WHITE in his address which opened the discussion. Of his conclusions as to treatment we shall say more anon.

The various links in the chain of evidence by which the neurotic theory is supported will well repay a critical study. First we have the proposition that there exists a mechanism by which the temperature of the normal body is maintained constant. As the result of the observations of various continental and home observers, MCALISTER, MACLAGAN and HALE WHITE being the chief of the latter, it has been experimentally demonstrated that in addition to the centrally governed motor function of the muscles, there exists another, thermogenetic or heat producing, which is controlled by a cerebro-spinal centre. This main centre comprises three sub-centres, each with its special anatomical location and function. One, the thermotaxic, is concerned with the maintenance of an equilibrium in temperature. Another, the thermogenetic, has to do with the control of the production of heat, and a third, the thermolytic, with the discharge or loss of heat, principally through the medium of the lungs and skin. There is some reason for believing that each of these centres is anatomically defined from the others and may, when disordered by trauma or disease, produce certain fixed phenomena. At any rate, one or all may be disturbed in fever. Derangement of the thermotaxic centre would produce irregularity of temperature only. Derangement of the thermotaxic and thermogenetic centres would produce a rise of temperature or ordinary fever. To this last add disorder of the thermolytic centre and hyperpyrexia would ensue.

In support of the truth of these experimental deductions, there exists a vast array of clinical facts, which have been briefly classified and their meaning pointed out by Dr. HALE WHITE.

Firstly, pyrexia may be produced by disease or damage of various parts of the central nervous system. Taking the parts in anatomical order, we find that conditions in which the cortex is affected, such as traumata, meningitis, epilepsy, hysteria, delirium tremens and chorea, may each be accompanied by pyrexia. The corpora striata and crura cerebri have indicated their part in the mechanism, when lesions affecting them, such as hæmorrhage, softening, cysts and tumours, have been accompanied by pyrexia. The pons varolii, medulla oblongata and spinal cord, have in like manner indicated their participation in the thermal mechanism.

In this connection, special mention is made of a class of pyrexia, known as "paradoxical," where no lesion can be discovered to account for it. Cases are cited where a high temperature was steadily maintained for months, and that, too, without ultimate harm to the patient. In such cases we might suppose that the normal mechanism of equilibrium was at fault in favour of thermogenesis.

Secondly, peripheral stimuli will act on "centres" and such strong stimuli as fracture of bone, biliary colic, renal colic, normal labour, severe burns of the skin and, probably, tension on the wall of an abscess have been attended with a rise of temperature, when all other possible causes have been eliminated.

Thirdly, there is the lengthy category of conditions in which the circulatory system is involved. Pyrexia may attend the absorption into the blood of such vegetable alkaloids as *atropine*, *strychnine*, *cocaine*, &c.; of animal poisons from mussels, ham, cheese, bad meat, pork-pie, &c.; of experimentally introduced substances, such as tuberculinum, tuberculous sputum, pepsin, albumose; of the metabolic products after excessive exercise, and, above all, of the toxins, &c., resulting from the micro-organisms of specific fevers, anthrax, pus, &c.

Turning now from this fascinating subject of clinical fact and explanatory theory, we come to the all-important question of treatment. Up to this point the two schools may be taken as agreed. But they are soon to part company. After the non-disputed ground of hygiene, of the therapeutic use of baths and of stimulants has been traversed in company, the factions commence to form, and the bone of contention is therapeutic principle.

To ourselves, as homœopaths, we arrogate the possession of a rational therapeutic principle, which is our sure guide in every case where drug treatment has a place. The other party candidly confesses that it has no rational therapeutic principle. Their procedure is entirely on empirical lines. They are at sea without a compass and the sky is overcast. An example of such a confession may be taken from the address of Dr. SAMUEL WILKS before the Medical Society of Oxford in November last. He says:—

"I am anxiously looking forward to the time when we shall be able to boast of scientific therapeutics, and I accord all praise to the few men who have already shown how groups of chemical agents may, by their constitution, have some analogous action on certain tissues of the body, and have, moreover, proved by direct scientific processes the true operation of medicines. What I do object to is the attempt to treat cases of disease on principle, when we have no principles; we do not know sufficiently the action of drugs to do this, and we know less of the meaning or significance of symptoms which we treat. . . . In these circumstances it is wiser to follow the empirical method, and act on experience only. . . . The cases where the rationale can be given for the use of any medicine, can be numbered on the fingers."

Another important difference in the procedure of the two schools is seen, we take it, in the mode of attack and object of attack. Speaking generally, pyrexia in its various phases, whether occurring in closely allied conditions, such as erysipelas and scarlet fever, or in varied conditions such as a fracture of the femur and tuberculosis, appeals to the homœopath's mental vision not as an outstanding symptom, a Goliath to be attacked alone at all hazards, but as an integral part of the "picture" of the particular disease, only a soldier in the rank and file of the enemy. The result is that whereas the exponent of the "orthodox" school would probably give the same drug in all four conditions to combat pyrexia, his "heterodox" colleague would have a separate drug for each disease, the drug picture corresponding to the disease picture.

But to leave the question of principles, let us see what are the implements of therapeutic warfare, other than baths, which Dr. WHITE places at the disposal of the allo-

path. They are certain new anti-pyretics of which *acetanilid* is a type, and *quinine*. The use of the former is generally deprecated by the speakers in the discussion and also by Dr. WHITE. Various reasons are adduced by him against their use, principally because they are powerful poisons, because they tend to abolish temperature as an aid to diagnosis and to impair the subsequent immunity for specific fever. "For all these reasons it appears the practice of giving anti-pyretics for ordinary cases of pyrexia is pernicious and unscientific." In ague *quinine* is advocated not as an anti-pyretic but as a poison to the plasmodium, and *salicylates* in rheumatism as a direct specific.

The only other drug referred to in the course of the discussion is *calomel*. Its sponsor is Dr. SNOW. Possibly the depletive effect of five grains of the drug would explain its so-called anti-pyretic effect.

What, then, have we to offer on our side? We offer a scientific and rational principle of therapeutics. We also, as already noted, relegate pyrexia to the rank and file of symptoms of a given disease, and we employ a remedy which will cover the totality of the symptoms. Hence the greater part of the homœopathic treatment of fever cannot be called directly anti-pyretic. The object is attained indirectly.

Doubtless there are many cases of pyrexia in our practice where we use *aconite* as a pure anti-pyretic and with most excellent results, but its too general use in this way is to be deprecated. This drug, which has for many years been advocated in the ordinary text books as highly useful in fever, is dismissed by Dr. HALE WHITE in a line when he says of it in conjunction with *antimony*, another of our valuable drugs: "We must remember that it has never been shown that ordinary pyrexia is of itself harmful, and that in treating it we are only treating a symptom just as we were when *antimony* and *aconite* were given to reduce the pulse in fever."

We believe, however, that *aconite* will not hide its diminished head so soon as Dr. WHITE imagines, and that when the allopaths in due course of time and change have thrown aside as worthless their present anti-pyretics for some other new-fangled production, *aconite* will still be one of our sheet anchors.

But we are liable to fall into the pitiable condition of self-satisfaction with our methods and results. We

must not only act on the defensive but also on the offensive. To bring home to those who doubt us the truth of our facts, if not of our rational principle of therapeutics, some such method as the proposed collective investigation must be worked enthusiastically. What we want is statistics of the results of our treatment to prove beyond a doubt the superiority of our rational principle as applicable to the healing of disease.

SECOND-HAND HOMŒOPATHY.

By John W. Hayward, M.D.

There are two principal methods of practising homœopathy—first the "symptomatic," that is the fitting of symptoms to symptoms; second, the "pathological," that is, the fitting of pathological states to pathological states; both have their advocates. There are also two principal presentations of our pathogenetic material—first, the original provings and poisonings as presented in the *Cyclopædia of Drug Pathogenesy* and in *Hahnemann's Materia Medica Pura* and his *Chronic Diseases;* second, condensations of the materia medica, epitomes, abridgments, lectures, etc.; both have their eulogists. By the much greater sale amongst our practitioners of abridgments and lectures than of the *Cyclopædia* and *Hahnemann's Materia Medica*, it would seem that the former are more in favour, and that practice is therefore more generally based upon condensations, epitomes and abridgments than upon original provings.

Of course, lectures on materia medica are not materia medica itself, but explanations of it. Condensations, epitomes and abridgments are, however, a kind of materia medica, or rather a presentation of some of its material; they are, however, all *incomplete* and defective, inasmuch as they present not the whole but only a selection from the material, and they are *biased*, inasmuch as they present those parts only which the particular writer himself thinks most valuable, rather than those that may really be so, also the points presented by one epitomiser differ from those presented by another; hence, the practice based upon these must vary with the author used, whilst that based upon the

Cyclopædia and *Hahnemann's Materia Medica* will be likely to be more uniform.

There are two principal spheres for medical practice—first, so-called "acute" diseases, and definite morbid states; second, "chronic" diseases and anomalous morbid conditions. There are also two principal forms of the materia medica—first, the "narrative" form, that of the *Cyclopædia*; second, the "schematic," that of the *Materia Medica Pura*. The former is better suited to the practice in acute diseases, the latter to that in chronic diseases. Practice in acute diseases forms the bulk of the every-day work of the general practitioner, that is, it forms most of the visiting work, whilst that in chronic diseases forms the bulk of the physician's consulting-room practice. Hence, for the former a good knowledge of the *Cyclopædia* is requisite, and for the latter constant appeals to the *Materia Medica*, by means of the *Schema*, aided by the *Index* or *Repertory*. In the former practice it is impossible for the busy general practitioner, who has perhaps from 20 to 40 patients to see in one day, to have recourse to the *Schema*; he must, of necessity, trust to his remembrance of the general action of drugs, as shewn in the *Cyclopædia*, at least in the majority of the patients when first seen. Of course, for any complicated or more than ordinarily serious case he will consult the *Materia Medica* before his next visit. In the latter practice, that is in consulting-room work, he should always consult the *Materia Medica* before prescribing, and make himself sure that the symptoms produced by the medicine he is about to prescribe correspond with those in the patient, especially the mental symptoms and those indicative of the origin of the ailment. He should go straight to the complete *Materia Medica* itself—to the *Cyclopædia* and *Hahnemann's Materia Medica* and *Chronic Diseases*. He should not be content to consult mere epitomes and abridgments, because the material in them is at best only second-hand and imperfect, and in some instances garbled and adulterated.

The practice based upon epitomes and abridgments is not deserving of any better designation than that of "Second-hand Homœopathy;" it certainly rests on second-hand material.

Until recently, first-hand homœopathy—that is, homœopathy resting on first-hand material—was based upon *Hahnemann's Materia Medica Pura* and *Chronic Diseases*; it was purely symptomatic. In acute diseases, at least with visited patients, it could, however, at best be only more or less guess-work, because no one can remember the full symptomatology of even the polychrests, to say nothing of the hundreds of less well-proved medicines. Since the completion of the *Cyclopædia* in 1891, however, ideal homœopathy has been the practice based upon the *Clyclopædia* as well as the *Materia Medica Pura* and the *Chronic Diseases*, and upon "diagnosis" (that is, the supposed morbid processes causing the symptoms, as well those of the medicine as those in the patient), quite as much as on the ordinary subjective and objective symptoms—at any rate in acute diseases. Every scientific physician, of course, forms a mental conception of the pathological processes causing the symptoms present in the patient he is called upon to treat, being enabled, indeed, compelled, to do so by his professional education;* and when studying the provings and poisonings recorded in the *Cyclopædia*, and the symptoms recorded in the *Materia Medica*, he forms a similar conception of the morbid changes that have given rise to the symptoms of drugs. Having formed these two diagnoses, he endeavours in practice to fit together the similar pathological states thus diagnosed. This is quite true, even of those practitioners who think themselves faithful symptomatologists; it cannot but be true of the every-day work of the busy general practitioner—at least in his visiting work. In chronic diseases, and with anomalous cases insusceptible of diagnosis, ideal homœopathy is, without doubt, that taught by HAHNEMANN in the *Organon*, viz., careful and accurate adaptation of the symptoms of the drug to the symptoms of the patient, uninfluenced by any pathological conceptions whatever,† and carried out by finding in the *Index* or *Repertory* the leading symptoms, and then referring to the full pathogeneses to determine the single medicine. In consulting room-work it is seldom necessary for the practitioner

* Hahnemann conceived the idea of psora, sycosis and syphilis as the sources of many of the cases of illness he had to treat.

† *Organon*, §§ lxxii.-xc., cxlvii. cliii.-iv., clxix., clxxi.

to prescribe off-hand; he should therefore, whenever possible, undertake to send the prescription afterwards, either to the chemist or to the patient himself, in order that he may, by the above-named references, make himself sure of the simillimum.

A CASE OF SCIATICA OF NINE YEARS' STANDING CURED BY CARBON BISULPHIDE.

By George Black, M.B., Edin.

On the 24th of July, 1893, W. R., æt. 39, a mason, came to consult me. He is a man of medium height and stoutness, with fair hair, light coloured moustache and blue eyes.

His wife came with him, and I observed that while she sat down he remained standing. On asking him to be seated he said "If you don't mind I would rather stand as I am easier in that position."

Previous History.—He tells me he has suffered from sciatica for nine years; that, as far as he knows, it came on from exposure to wet while working out of doors. He could scarcely walk at the time and it has been on him ever since. Two or three years ago he could not go to bed, being unable to lie down, and was obliged to walk the room the night through. The medicines given him by his club doctor proved of no service, and the remedies he tried of a domestic nature were equally useless.

Present condition.—The right lower extremity is that which is affected. The pain extends from the hip to the ankle. On requesting him to point out the seat and direction of the pain, he placed his hand on the centre of the right buttock and passed it down the back of the thigh, along the course of the sciatic nerve, to the popliteal space, then down the back of the leg, stopping short a little way above the ankle. He has a feeling behind the knee as if rather tight cords were drawing the leg up.

The pain comes on by movement, but he is easier moving than standing and standing than sitting. The difficulty experienced on attempting to lie down has passed away, and he is easy now in the recumbent posture.

Viscum alb. 3. Five drops in water three times a day.

July 29th. He has had one hour and half an hour of freedom from pain since taking the medicine. This is more than has happened to him since the commencement of his illness nine years ago.

Carburetum sulphuris 3x. Five drops in water three times a day.

Oct. 10th. Met my patient on the street to-day. He was looking bright and cheerful, and when I asked him how he was he said, "I'm so much better; I have scarcely any pain now; it is such a relief after so many years of suffering."

Jan. 13th, 1895.—In view of the publication of this case, and in consideration of the fact that I had no knowledge as to how my patient had been keeping since our conversation on the street fifteen months ago, I called at his house to-day to ask after him, and was told by his wife that, with the exception of occasional twinges of pain during changes in the weather, he had kept all right. There had been no return of the pain in the violent form from which he was suffering at the time of his visit to me. He only received one supply of the medicine, and being without a written prescription, and ignorant as to what he was taking, it was impossible for him to receive more without my knowing it.

Remarks.—My first prescription, viz., that of *viscum alb.* 3, was more a treatment of disease by its name than the administration of a remedy corresponding in its published pathogenetic effects with the condition of my patient.

In the twenty-second volume of the *British Journal of Homœopathy*, p.p. 641 and 642, there are two cases of sciatica by Dr. W. Huber, both of which were cured by *viscum alb.* 3, and from my reading and recollection of these I was led to give this remedy, without, however, sufficiently enquiring into the correspondence existing between those two cases and my own. On examining them afresh I find that the symptoms point rather to an affection of the fascia lata than to one of the sciatic nerve itself. It may perhaps assist us in descriminating between the true and the spurious form of this disease if I recapitulate the chief features of these two cases.

The first patient was attacked with violent shooting pains in the nape, so that he could not turn his head

without at the same time turning his whole body. After one day's duration in this locality, the complaint jumped to the left side of the sacrum, whence it spread over the buttock and the outside of the thigh, so that he could only limp about with frightful tearing, shooting, throbbing pains.

When admitted into the Homœopathic Hospital of the Sisters of Charity of St. Anna, in Steyer, he presented the following symptoms:—"On the left sacro-ischiadic region he complains of extremely violent pains even on the slightest motion of the thigh; the pain extends thence along the outside of the left thigh in a stripe four fingers broad to the knee-joint, and is often throbbing as if suppuration were taking place."

The second patient was seized after exposure to a cold wind "with pain in the right hip of a tearing, shooting character coming on periodically and especially severe at night, extending from the muscles of the nates over the whole anterior surface of the thigh to the knee."

Under *rhus* and *nux v.* he was relieved of his pains in nine days, but getting another chill they recurred, and his condition then was as follows:—"In the right thigh a periodically recurring extremely violent tearing, burning pain in the same place as before, but which now spread over the whole leg down to both ankles. It was especially violent at night; it felt as if the flesh of the thigh were frequently torn away with hot pincers. Besides these attacks the patient had a tearing and shooting in the right extremity, and such sensitiveness that the slightest touch caused pain."

The burning pains and the feeling of tearing with hot pincers were dispelled as if by magic with *ars.* 4, but not the shooting tearing periodically recurring pains. These were removed by *viscum alb.* 3.

Pathogenetic Effects of Viscum Album.

The only pathogenetic effect recorded by Allen, and having reference to the *Inferior Extremities*, is the following: "In the same winter, suddenly felt in the right foot a violent aching pain from within outwards, that compelled him to take off his boot, as it felt too tight; this sensation went off in an hour."

Pathogenetic Effects of Carburetum Sulphuris, Carboneum Sulfuratum, Carbon Bisulphide, from Allen's Encyclopædia.

I have taken the liberty of italicising those symptoms which seem to me to correspond more particularly with my patient's condition, and to present in their similarity a tolerably accurate picture of the case in question.

Inferior Extremities.—"Weariness of the lower extremities (fr. 1st dil.) *Hip.*—Itching in region of left hip and pelvis obliging him to scratch (3rd day). *Thigh.*—Violent (rheumatic) pains in the muscles of the thigh after rising (6th day). Violent muscular pains in the thigh the whole day, but especially in the ankle; can scarcely walk (6th day). Drawings from the left hip to the knee-joint (after half an hour). Dislocated pain in the right thigh while walking in the forenoon; the same in the left foot near the tibia (4th day). *Jerking, sticking pain in the middle of the thigh like a pain in a nerve, lasting half an hour and very painful, repeated during the next forenoon; in the afternoon the same pain is felt between the tibia and fibula after dinner. Jerking stitch in the middle of the right thigh. Knee.—Tensive pain in the right popliteal space when walking or stretching out the foot. Leg.*—Cramps in the legs and thighs. Stitches extending from the inner side of the left knee to the great toe. *Sacral.*—Continual sacral pains. Sensitive pain in the right tuber ischii and in the flexor side of the foot in the afternoon when riding."

If we accept the description of sciatica given in Tanner's *Practice of Medicine* as accurate, then we find that it consists of "acute pain following the course of the great sciatic nerve, extending therefore from the sciatic notch down the posterior surface of the thigh to the popliteal space, and frequently along the nerves of the leg to the foot."

This corresponds with the account given by my patient of his condition, and it corresponds also with the pathogenetic effects of *carbon bisulphide*. The great sciatic nerve appears to have been affected in both instances, and a pure neuralgia set up.

In his article on *rhus*, Dr. Richard Hughes, at p. 783 of his *Pharmacodynamics*, fourth edition, says: "In rheumatic lameness of the lower extremities depending largely upon the state of the fascia lata, *rhus* has made

brilliant cures," and reference is made to a case of "sciatica," *British Journal of Homœopathy*, vol. xi., p. 146, which seems to have been regarded by Dr. Hughes more in the light of an affection of the fascial structures than a pure neuralgia. The two cases I have cited above appear to me to come under this category also.

That *viscum alb.* is a powerful remedy in sub-acute articular rheumatism and in rheumatism in which the fascial textures seem chiefly involved, I can speak from experience, but whether it has proved in the hands of others, or is likely to prove, a remedy in pure neuralgia, I have no knowledge. It is a drug, however, which I think would well repay a careful and exhaustive proving. From my experience it appears to me fraught with possibilities of great usefulness. But the published pathogenetic effects are so meagre that it is difficult to trace the homœopathicity of its action. If anyone should care to take this matter up there is one department of this drug's action which I would refer to, and which merits the closest attention, namely, its effect upon the organ of hearing, and in this connection it would be of great advantage if careful otoscopic examinations were made from time to time. I am confident that we have in *viscum alb.* one of our most powerful remedies in many cases of deafness. Two cases are reported by Dr. Huber, one of "Catarrhal Deafness," the other of "Vertigo, with Transient Deafness," both of which were cured by *viscum alb.* 8, and I hope soon to publish some cases illustrative of its action in this direction. There is not a single ear symptom given in Allen.

The pathogenetic effects of *carbon bisulphide* point to its being of service in the treatment of neuralgia occurring in different parts of the body, but more especially to that form of it under consideration. Dr. Hughes, in his examination of this drug, was most struck with the long-lasting ringing in the ears with or without deafness which was experienced by one of those who took it internally, but is especially prominent in a record of the effects of inhaling the vapour given by Mr. T. Wilson in the seventeenth volume of the *British Journal of Homœopathy*, and he says, "it has led to the only homœopathic application of the drug of which I am aware, Mr. Wilson stating that he has cured a case of

tinnitus aurium with it in the first dilution." He adds, however, "It is a medicine which ought to have a wider application." My own case is an expansion of its area of usefulness in a purely homœopathic direction, and while the result is but another proof of the truth and value of that law which guides us in our treatment of disease, it will, I hope, lead to the employment of this medicine by others in the treatment of sciatica when the disease is neuralgic in character, and I have every reason to believe that the result will be both gratifying to the practitioner and advantageous to the patient.

ON SEQUENCE OF SYMPTOMS.

By W. Theophilus Ord, M.R.C.S. Eng., & L.R.C.P. Lond.

Visiting Surgeon to the Bournemouth Homœopathic Dispensaries.

It is often observed in these days of many duties and scanty leisure, how difficult it sometimes becomes for the conscientious physician to accurately select the specific remedy. Cases which exhibit symptoms seldom met with, or in unusual combinations, become especially burdensome when they demand the extra time and trouble involved in a search in *Repertory* and *Materia Medica*. Any contribution to our knowledge of the laws which govern the relationship existing between disease and drug action is therefore of importance to all of us, who are guided in practice by the law of similars.

My desire is to show that certainly a clue, and perhaps a reliable guide, to the selection of the simillimum may be obtained by a comparison of the order of development of the disease-symptoms with the sequence of drug-symptoms as exhibited in provings and cases of poisoning; also that the latter are, for most of our remedies, not only discoverable but also as constant as are those pathogenetic effects from which we usually prescribe.

So far the meaning and value to the prescriber of the pathological sequence of symptoms—that order of their development which is more or less constant in all typical cases of recognisable diseases—have received but little attention in our literature. Yet it must have always appeared probable that the similarity existing

between a pathological condition and the corresponding picture of pathogenetic action (which guides us to the remedy), may have been similarly exhibited in the successive steps of the two processes by which these conditions were arrived at. If it could be shown that this resemblance was to be found in the commencement as well as in the development of the chain of symptoms resulting in two such similar conditions (*i.e.*, morbid and pathogenetic), could we not hope to employ the suggested remedy with greater certainty of success?

An example will make this clear. Imagine a patient with severe congestive headache, abdominal pain, flushed face, fever, thirst, and dry skin. *Belladonna* would naturally be thought of. Supposing the history of the case was given thus,—"headache commenced two days before, the previous day abdominal pain occurred, the fever developing next." If it were also known that the majority of the provers of *belladonna* who exhibited these symptoms had developed them in the same order (*i.e.*, headache, abdominal pain, fever), might we not prescribe *belladonna* with a far greater certainty of success than if no such similarity in the sequence of symptoms had been observed?

From the enormous number of symptoms and sensations occurring in our provings and poisonings without obvious order or method, it might be thought impossible that any correspondence could be traced in their order of development with the sequence of symptoms in disease. Yet there is one notable example of such a correspondence that negatives a too hasty conclusion. It is the order in which chill, heat and sweat occur in intermittent and remittent fevers. This sequence varies especially in old chronic cases, and the importance of selecting the drug which in its provings has exhibited the same symptoms *in the same order* is well known to all who have practised in the tropics.

In considering first the pathological side of the question, we shall at once observe a regular sequence of symptoms characterising the progress of nearly all recognised diseases. This is a matter of daily clinical experience. Such sequences are most easily observed in the specific fevers, and in them perhaps are most constant. In order to draw some important deductions from them, and to afterwards apply these to a study of the sequence of

drug symptoms, I give below the most familiar and typical order of development of symptoms in six of the commonest of every-day diseases. Two I have chosen are of acute specific fevers, two of acute inflammatory affections and two of more chronic conditions.

(1.) *Epidemic influenza.*—A typical case usually exhibits the following sequence of symptoms,—headache, backache and pains in limbs, loss of appetite or vomiting, febrile symptoms with perspiration and scanty urine often loaded with urates.

(2.) *Scarlatina.*—The initial slight headache, or malaise of the period of incubation, is followed by commencing sore-throat, then fever, during which the rash develops with the succeeding weakness and often albuminuria to conclude with.

(3.) *Acute bronchitis.*—Soreness of chest, cough and fever in rapid succession, with perspiration or capillary congestion of skin and flushed face, headache, loss of appetite and coated tongue, muscular pains or weakness and scanty turbid urine.

(4.) *Acute gout.* — Initial gastric disturbance and indigestion, full hard pulse with headache or irritability, next the sudden local manifestation of the poison characterised by cutaneous hyperæmia extreme pain on movement and muscular restlessness, with discharges of urates and often scalding urine

(5.) *Anæmia with amenorrhœa.*—Headache with loss of appetite or constipation, then lassitude or weakness from general muscular relaxation. The next menstrual period is either missed or scanty and pale, followed by obvious palor of skin, shortness of breath and palpitation of heart on exertion.

(6.) *Periodical bilious headache.*—So-called "bilious attacks" are usually characterised by a premonitory gastric symptom, such as unpleasant taste, furred tongue in mornings or constipation for a day or two. Then comes the headache, followed by bilious vomiting, with usually rapid pulse, general flushing of surface, succeeded by reaction with cold perspiration, exhaustion, and sometimes copious urination.

It will probably not be denied that in these six types of disease I have fairly represented the average development of symptoms which we most usually meet with. Though great variety is seen in individual

modifications of these types of disease sequences, such deviations as occur most frequently assimilate in the main to the type most characteristic of each. This being so we may, by a careful comparison of their sequence of symptoms, observe some facts which are common to the six diseases cited:—

(1.) The first symptom usually occurs in that sphere of physiological action by the derangement of which the disease is best known and characterised, and in which its effects are most marked. The second and third symptoms usually occur in order of their importance and severity.

(2.) Each characteristic symptom denotes the invasion by the disease of a fresh physiological group of organs or centre.

(3.) The order in which the various physiological centres or groups of organs are affected is eminently characteristic of the complete disease, and is different in each of the examples given.

(4.) The complete disease-picture is presented when every group of organs has been in succession affected by the morbid process.

Let us briefly consider in detail each of these four propositions.

The First.—In epidemic influenza the head and cerebro-spinal system are usually first affected, and this is the most characteristic feature throughout the disease. It is in the nervous system that its most serious sequelæ originate and develop. In acute bronchitis the first symptom is in the respiratory system, where also the typical features of the disease appear and remain. In bilious attacks a gastric symptom is usually premonitory of an attack, and the bilious vomit is the most striking and invariable circumstance observed. Gastric disturbance is also the first indication of acute gout, in which, as in influenza, bronchitis and bilious attacks, the other organs and functions are invaded much in the order of the severity with which they are attacked. In scarlatina we have an apparent exception to the rule; the second and third symptoms (sore throat and fever with rash) are most important, the initial symptom being thus less indicative of the type of disease than in other cases, perhaps also it is less constantly observed. In anæmia the principle at first sight is less evident,

though it is probable that cerebral anæmia is the cause of most of the varied symptoms subsequently developed, and thus headache is the first subjective indication of a deficiency of hæmoglobin in the blood.

The Second and Third.—To establish these we must examine the physiological groups or centres of action involved. They will be found to number six, so far as these diseases are concerned, and indeed all symptoms developed in every kind of disease must fall under one of these six heads. These are :—

(1) *Gastric.*—Those manifested in some part of the alimentary canal and its organs, from lips to anus.

(2). *Respiratory and Circulatory.*—This will include all symptoms referred to the parts that extend from nose and conjunctivæ to lungs and heart with their coverings, also arteries and veins throughout the body.

(3). *Cutaneous.*—All phenomena referred to the skin and its appendages.

(4). *Spinal.*—Symptoms conveyed through spinal cord and nerves, which includes the extremities, abdominal and thoracic parietes with their nerve supplies, the muscles and bones.

(5). *Genito-Urinary.*—Will include kidneys, bladder, and urine, with organs of generation.

(6). *Head.*—Sensorium, headaches, organs of sight and hearing.

On expressing the sequence of symptoms of those six examples of disease in terms of these physiological groups, the value of the 2nd and 3rd propositions becomes at once apparent. We shall then have the order of invasion of parts characteristic of *epidemic influenza*, as :—(1) head, (2) spinal, (3) gastric, (4) respiratory, (5) cutaneous, (6) genito-urinary. Similarly for *bronchitis* we obtain—(1) respiratory-circulatory, (2) cutaneous, (3) head, (4) gastric, (5) spinal, (6) genito-urinary. *Scarlatina* gives—(1) head, (2) gastric, (3) respiratory-circulatory, (4) cutaneous, (5) spinal, (6) genito-urinary. *Acute gout* has—(1) gastric, (2) respiratory-circulatory, (3) head, (4) cutaneous, (5) spinal, (6) genito-urinary. *Anæmia with amenorrhœa*—(1) head, (2) gastric, (3) spinal, (4) genito-urinary, (5) cutaneous, (6) respiratory-circulatory. *Bilious headaches*—(1) gastric, (2) head, (3) respiratory-circulatory, (4) cutaneous, (5) spinal, (6) genito-urinary.

It is not pretended for a moment that these sequences are invariably followed in the diseases mentioned, only that they are the most usual and best characterise typical cases; the object and importance of the matter will not be fully evident until the last page of this article is reached. Nevertheless, an examination of case-books and the many clinical histories of cured cases in which our literature abounds, will show that not only is there a more or less regular sequence of symptoms exhibited in such recognised forms of disease as those quoted, but also that in all the varied forms of functional disorder, and even of chronic affections, there can be traced a gradual invasion of parts affected in an order which serves to group together similar cases, and is also indicative of the nature of the morbid process as well as suggestive of the specific remedy.

The Fourth.—This will be readily conceded. The strange fact remains that practically this complete picture *alone* has been usually considered by homœopaths as that to which the pathogenetic action of the remedy must be compared, whereas the important steps in the processes by which it has been arrived at by the disease and by drug action respectively, have been practically ignored. It is at least conceivable that examples may occur of two similar pictures—morbid and pathogenetic—that have been brought about by a totally *dis*-similar sequence of symptoms. If so could the drug that has thus produced its effects be expected to cure? May not such a dissimilarity of sequence of symptoms explain the occasional failure to relieve of an apparently well indicated homœopathic remedy?

To obtain facts which may enable us to answer these questions we must turn from the pathological side of disease action to the pathogenetic problem of drug action, and see whether any regular sequence can be observed in the order of development of symptoms recorded in our narrative provings and poisonings.

Except a few references amongst our literature to the effect that, as Dr. Hughes has put it, we should study drugs, not only in their "concomitance but in their evolution," the importance of which is admitted by Dr. Pope in his recent paper *On the Selection of the Homœopathic Specific* (vide *Monthly Homœopathic Review*, November, 1893,) no definite attempt seems to

have been made to practically establish the proposition on a scientific basis until recently. In the *Hahnemannian Monthly* for August, 1892, occurs a *Report of the Committee on Drug Provings*, by Dr. WOODWARD, of Chicago. In this is a record of some new provings of *ipecacuanha, rhus tox. and pulsatilla,* undertaken to throw light on these four points: (1) the locality of the primary drug action; (2) the order of development of their effects, as shown by the *sequence of physiological disturbances* produced by each; (3) whether the same drug produces a similar or a different sequence upon persons of different temperaments; and (4) to find the group of physiological derangements which are peculiar to each drug when its full effects have been produced.

This last problem is of least importance in the present paper, being the one which has already been well answered for these and most other drugs in our materia medica. It is practically the only information for use in practice which homœopaths have endeavoured to extract from provings and poisonings from the days of Hahnemann to the present time. The first three queries are, however, mostly novel, and probably an answer will supply facts that may be utilised in the treatment of disease. These provings, full details of which will be found in the report referred to, were undertaken by medical men, none of whom were aware what drug they were taking. In all, eleven experiments were tried with *ipec.*, three with *rhus*, and ten with *pulsatilla.* To supply answers to the first three of these questions it is most important to notice specially each symptom that denoted the invasion of a fresh physiological sphere by the drug action; intermediate symptoms are therefore neglected in the present paper.

On examining the eleven provings of *ipecacuanha* we find the various symptoms giving the several spheres of drug action affected in order in the various provers were as follows:—

The first symptom was either nausea, dry mouth, offensive taste or increased saliva.

The second symptom was either pain in chest, sneezing, watery nostrils, hiccough, stoppage of nostrils, slower pulse, increased pulse or catarrh in head.

The third symptom was either headache, perspiration, chilliness or flushed face.

The fourth symptom was either an aggravation on motion, a tired feeling, aching in wrists, wandering pains in limbs, stretching, or a call to urinate.

The fifth symptom was hot urine, call to urinate, frequent urine or profuse urine.

Thus, although the symptoms experienced at each stage differed in character and locality, the majority of them belonged to the same physiological group of organs. These experiments suggest that the usual sequence in which the symptoms produced by *ipecacuanha* are developed is this; *first*, a gastric symptom or one proceeding from digestive derangement; *secondly*, a symptom showing invasion of the respiratory or circulatory sphere; *thirdly*, the cutaneous parts or sensorium are disturbed; *fourthly*, a symptom of spinal origin, as shown by motor disturbance or pain referred to limbs occurs; *fifthly*, the kidneys or some parts of the genito-urinary sphere are disturbed.

This practically uniform sequence of physiological effects in the case of *ipecacuanha* is confirmed by an examination of the cases of poisoning in the *Cyclopædia*.

Examining the provings of *rhus* and *pulsatilla* in the same manner we obtain the following order of development of their effects:—

Rhus toxicodendron: (1) cutaneous, (2) spinal, (3) respiratory-circulatory, (4) head or gastric.

Pulsatilla: (1) gastric, (2) cutaneous or respiratory-circulatory, (3) spinal, (4) genito-urinary.

On referring to the provings of *rhus* in the *Cyclopædia* we obtain confirmatory evidence, and it also appears that the 4th symptom belongs to the head, the 5th being usually of gastric origin. Similarly with *pulsatilla* the sequence is confirmed, except that a "head" symptom generally appears between (1) and (2), which was not so distinctly noted by the American provers, giving the complete sequence as (1) gastric, (2) head, (3) cutaneous, (4) respiratory-circulatory, (5) spinal, (6) genito-urinary.

A comparison of these three drug studies gives the following results in answer to the inquiries made:—

(1). The first symptom produced by each of these drugs occurs in that group of organs whose derangement is most characteristic of their pathogenetic action, the other physiological centres being generally affected in

order of the severity and importance of the drug-action upon them.

(2). The sequence in which the several physiological parts are affected is usually the same in various individuals for the same drug, but is different with each of the three drugs tested—in other words, each drug in producing its complete pathogenetic effects follows a definite sequence of symptoms denoting successively the physiological centres invaded by its action.

(3). The complete pathogenetic picture is obtained when each physiological group of organs has been affected.

A comparison of these results with the conclusions drawn from the usual sequence of symptoms in the common types of disease previously considered suggests the following conclusions :—

(1). The homœopathic specific remedy will be found amongst those drugs whose primary action is exhibited in that physiological sphere the derangement of which is most characteristic of the disease.

(2). The homœopathic specific will be that remedy whose pathogenetic effects are exhibited in each group of organs successively in the same order as they have been invaded by the disease, the general rule being that those parts in which the disturbance is most severe are in both cases affected first.

These ideas were successfully tested by our American colleagues in actual practice. In the paper quoted eighteen cases are also mentioned of cures affected by the drugs *ipec.*, *rhus.*, and *puls.*, culled from various sources, the sequence of whose symptoms as given in their clinical histories coincides in each case with the sequence of symptoms of the respective drugs which proved curative. It is also shown that when the clinical history leaves doubt as to the order in which the symptoms were developed, taking them in sequence of their severity may be expected to give the same result.

If these principles can be trusted as being of general application, as I hope to show, it is evident that we have here a valuable aid to the selection of the homœopathic specific. To further test the matter I have obtained, by a study of the provings and poisonings recorded in the *Cyclopædia*, what seem to be sequences for certain of the polychrest drugs. I have found that the sequence of symp-

toms given as typical of an ordinary acute bronchitis, coincides with the sequence of symptoms developed in the provings and poisonings of *antim. tart.*; that the sequence for influenza is matched by that of *gelsemium*, gout with that of *colchium*, scarlatina with that of *belladonna*, common bilious attacks with that of *sanguinaria*, and *anæmia* with *amenorrhœa* is identical in the sequence given with that of *ferrum*. Of course all cases of bronchitis are not cured or relieved by *ant. tart.*, neither all cases of anæmia by *iron*, and the same is true of the other examples. But I find that in those exhibiting the same sequence of symptoms as the drugs mentioned, the remedies do prove curative, and it is where the sequence varies that they do not.

In order to facilitate the process of comparison of sequence of drug-symptoms with those obtained from patients in daily practice, I have been in the habit of denoting each symptom group by its initial letter. Thus G would stand for all *gastric* symptoms, R for *respiratory* and *circulatory*, C for *cutaneous* symptoms, S for *spinal* symptoms, U for *genito-urinary*, and H for *head* symptoms. The normal sequence formula for *ipecacuanha* will then be expressed as GRCHSU, for *rhus tox.* it will be CSRHGU, and for *pulsatilla* GHCRSU. The following case—almost the first in which I tested sequence-formulæ of drugs in daily work—will illustrate the method of applying these principles in treatment of patients.

Case:—W. G., a bright looking boy, aged 10 years, was brought to me on January 11th, 1894, by his sister, who said he complained of constant headache, loss of appetite and weakness, and had been obliged to leave school. Nothing definite could be obtained by examination or on inquiry to account for or elucidate these vague symptoms, and being somewhat at a loss what to prescribe I decided to ascertain the sequence of their development. The following history was obtained. Three weeks before, he had had an attack of sickness followed by headaches and loss of appetite, since then he had constant colds in his head and running at nose, he next began to seem weak and listless, and although generally pale was now noticed to flush from trivial causes. This evidently gave the sequence-formulæ GHRSC, and on looking over my list of drug-sequences *iodum* was found to be the only remedy having the same

sequence-formula. This led me to think of his glands, and accordingly I found that several of those in his neck were large and hard. *Iodum* 3x gtt. v. t.d.s. was ordered. In a week he returned, headaches were gone, he felt and looked much better. Ordered to continue medicine. In two weeks more he returned quite well and strong, glands could hardly be felt, and he went back to school. Some months after his mother told me he had remained well ever since.

This case proved the first of a long series of instructive and successful examples of selecting the simillimum by the method of sequence of symptoms. I am also collecting a number of recorded cures scattered through our literature in which this principle is confirmed. These, together with a list of the symptom-sequences of all the most important drugs in common use (so far as they can be ascertained), I hope to lay before the members of the British Homœopathic Society for discussion at an early meeting.

DRAINAGE FOR VENTRICULAR HYDROCEPHALUS.*

Notes on a case in the London Homœopathic Hospital, under the care of J. Galley Blackley, M.B., Physician to the Hospital, and C. Knox Shaw, Surgeon to the Hospital.

Arthur R., aged three months, was admitted into Barton Ward, under Dr. Blackley, on May 31st, 1894, suffering from meningitis. The mother, who developed puerperal mania after the birth of the child, was then an inmate of Bethlehem Hospital; there was also a decided history of phthisis in the family. The child had never been well. Two weeks after birth he had a rash on his legs, which left scars. When two months old the rash was better, but convulsions ensued, which have since continued. When admitted he cried out suddenly, and lay with his head held back and spine arched; the pupils were dilated, but equal; there was no squint; there was vomiting; *Hellebore* 1x. Convulsions becoming more frequent, accompanied by loud cries and flushed face,

* Notes taken by Dr. J. R. P. Lambert, late Resident Medical Officer.

ac. hydrocyanici 3x was ordered, June 5th. The fits ceased, but typical Cheyne Stokes' respiration developed, and the opisthotonos became more marked; on June 8th *ignatia* and *bryonia* were ordered alternately. On June 12th, the fits having returned, *hydrocyanic acid* was again prescribed. Optic neuritis was now remarked for the first time. Ten days later the pupils were noted as being dilated, and acting very sluggishly to light; there was a slight occasional squint. Wasting was very pronounced; bowels loose (stools undigested), three times a day. The child shrieked and cried much. For these symptoms *stramonium* 2x was given, and continued till early in July, when the head was noticed to be enlarging, with tension of the anterior fontanelle. On July 23rd, the head had become much larger, and the fontanelle markedly pulsated. The child screamed almost continually, especially at night; *apis* 3*x*. As the head continued rapidly to increase in size, with bulging of both fontanelles and separation of the edges of the bones at the sutures, and the child's condition was evidently critical it was decided to resort to operative means.

At 3 p.m., on July 30th, under chloroform, Mr. Knox Shaw defined and marked first the upper limit of the fissure of Rolando, next the position of the occipital protuberance, and then marked the skin at a spot midway between the two. A quarter of an inch to the left of this an oval flap of skin was raised, and a circle of bone removed with a quarter-inch trephine. The dura mater which bulged into the wound, but did not pulsate, was cut around the trephine hole, except for a small portion, and raised. Brain substance at once protruded covered with a tense dilated vein. A grooved silver director was passed into the brain in the direction of the centre of the left supra-orbital ridge, and having traversed a distance of about two and a half inches the ventricle was tapped and clear fluid freely escaped. Three and a half ounces were measured, and at least another half ounce escaped unmeasured. A capillary drainage tube was then inserted along the director into the ventricle. The back of the head was finally enveloped in gauze dressings.

The fluid presented the usual characteristics of cerebro-spinal fluid. When dressed the next morning the fon-

tanelles were seen to be again expanded, and the drainage tube kinked. On loosening this two ounces of fluid escaped. The dressings were changed three times that day, as they became soaked with the fluid which escaped. That evening the temperature rose to 102.6°, but the child seemed considerably relieved by the operation. Next afternoon (Aug. 1st) the temperature rose to to 104.6°. At eight o'clock on Aug. 2nd the temperature was 105.2° and the child had been convulsed for about three-quarters of an hour during the night. On the morning of Aug. 3rd the temperature was 104 8°. There had been free escape of fluid, the wound was quite free from inflammation, but in view of the continued high temperature it was deemed advisable to remove the tube, which measured four inches from its point of entrance. The withdrawal of the tube was immediately followed by hiccough. By Aug. 10th the head was almost as large as before, and the old symptoms returning, the wound was re-opened and the tube re-inserted, letting out two ounces of fluid. This time, when dressed, the fluid appeared to come from the side of the tube and not through it, but still in considerable quantities. When the tube was removed on the morning of the 12th it was found to be blocked with brain tissue. The child died that evening at seven.

At the post-mortem examination, both sides of the frontal lobes were found to be completely flattened out and the sulci obliterated. The left ventricle was more distended than the right. There was a good deal of gelatinous deposit at the base of the brain, and in the lateral ventricles, and there was some purulent fluid in the third ventricle. The liver was congested but free from tuberculous nodules.

Notes by Dr. Galley Blackley.

The case of J. R. affords an almost typical instance of inherited tuberculous meningitis. Although most common between the ages of two and six years, it is met with in a certain proportion of cases in young infants. Although no definite symptoms of hydrocephalus were present for some weeks after the child was admitted, the diagnosis left little doubt that sooner or later such a condition would supervene, and that this was evidently a

suitable case for anticipating these symptoms by means of prophylactic remedies. With this intention *hellebore* and *hydrocyanic acid*, advocated by Chapman and Liedbeck,* and both of which had proved helpful in my hands at various times, were given more or less persistently. Some alleviation of prominent symptoms occurred from time to time, but the hydrocephalus developed slowly but steadily and symptoms caused by pressure threatened to terminate the life of the patient. Finally, on July 30th, the condition was so desperate that I resolved, with the consent of the child's relatives, to see if surgical interference could help us and asked Mr. Shaw to kindly undertake paracentesis of the ventricles.

Notes by Mr. Knox Shaw.

When Dr. Blackley asked me to undertake some operation for the relief of the distressing symptoms from which this poor babe was suffering, I did so with but little hope of ultimate success.

With all the advances of cranial surgery, but little result seems, up to the present, to have been obtained in the treatment of distention of the ventricles of the brain, either as a primary condition or subsequent to an acute meningitis. All workers in this department report most disappointing results. Tapping the fontanelles, aspiration and even the injection of iodine have been tried, with relief of the most fleeting character. Henoch expresses the general opinion when he says, "Those who have an inclination to operate may gratify it, as the danger of meningitis is not very great; but one will do well to abandon from the beginning any hope of a radical cure." Dr. W. Keen is quoted in Keating's *Cyclopædia of the Diseases of Children* as proposing permanent drainage of the ventricles, and the operation is there described. The operation undertaken in the above case is one advocated by Dr. Keen. Dr. Nancrede, the author, in Keating, of the section on the "operative surgery of the brain and spinal cord," says that the operation has as yet been too seldom tried to decide as to its value. I regret that I missed a short paper by Dr. Alfred Parkin, in *The Lancet* (Nov., 1893), on the

* Brit. Journ. of Hom. VIII., 227 and 324.

treatment of chronic hydrocephalus by basal drainage, secured by opening the sub-cerebellar arachnoid space. He reports a very successful case which should certainly encourage one to perform a similar operation on the next suitable case before giving up the operative treatment of these cases as entirely hopeless. Constant drainage appears to open up a more hopeful field than frequent tappings or aspirations. Basal drainage has this decided advantage over Keen's operation, and puncture through the fontanelles, that there is no interference with the cortical structure of the brain.

CLINICAL AND THERAPEUTIC NOTES OF RECENT CASES.*

Reported by Dr. Barrow, Clifton.

Sciatica.—(Calc. carb.)

Miss Q., aged 26, sciatica over 12 months. Had tried various remedies from different old-school physicians without relief. The last she consulted ordered rest in bed for three months with her leg in splints. Being of an active disposition she preferred to try homœopathy. The pain came on spasmodically at any moment, when sitting, standing or walking, and would rouse her from sleep at night. It extended from hip-joint to left side. Never a day passed without several attacks. Careful search in *Repertory* and *Materia Medica* gave *calc. carb.* as the simillimum. One dose of the 30th dilution was ordered every morning.

In a fortnight patient reported that there had been no pain for several days, and she was able to walk much better. A month after commencing treatment she stated that she had just walked six miles, and had had no pain for nearly three weeks.

Acute Bronchitis—(Ant. tart. and *Arsenicum).*

Received an urgent message, late at night, to visit an old lady said to be dying. She had been ill three weeks, under old-school treatment, and had continued to get worse until that day, when the doctor informed her friends that it was useless troubling the patient with any

* Contributions are invited for this department; they should be addressed to Dr. Ord, Bournemouth.

more medicines, as the end was at hand, and he left, requesting to be informed when it occurred. Her age was 80 years, she was apparently sinking rapidly. Breathing laboured, chest choked with phlegm which she had not power to expectorate. Face cyanotic, tongue dry, pulse very irregular and intermittent.

Ant. tart. 2 x. and *arsen.* 3, in alternation produced a marvellous change in a few hours. Patient rallied, gradually improved under these remedies and lived for several years longer.

Psoriasis—(Bellis perennis.)

A girl, aged 12 years, had general psoriasis. There were large patches scattered all over limbs and trunk. She had been under old-school treatment, in hospitals and privately for five years without benefit. She had been in the habit of drinking cold water when heated, and it was after this that rash first appeared. *Bellis perennis* 1 x. was given. The result was almost magical. There was a clearing off of rash perceptible at the end of first week. In a month it had quite disappeared. Medicine was continued altogether for six weeks. Nine months after there had been no return of rash.

Mammary Cancer—(Hydrastis and *Arsenicum.)*

Miss R., in Sept. 1891 had the right breast removed for a cancerous growth. About 18 months after the growth returned in the cicatrix. Immediate removal by a second operation was advised by a leading Bristol surgeon, who told the patient candidly that without this second operation six months at most would end her life. Dreading further surgical treatment Miss R. was induced to try the so-called "Mattei" remedies. She accordingly placed herself under a practitioner in London who advocated such treatment, and persevered with it for a long time but without relief. Her health failed, she wasted much, and at last became so weak as to be unable to leave the bed she had lain in for nearly 12 months. The growth too had increased in size and became very painful, the axillary glands were now enlarged. At this stage she relinquished "Matteism" and sought relief in homœopathy.

She was found to be greatly emaciated, mere skin and bones, prostration was extreme, was scarcely able to move

in bed. The growth in the cicatrix was about the size of a hen's egg and gave her severe pain; in its immediate vicinity in the healthy skin were several small hard masses, each about the size of a pea. Pulse was 130, small and weak. As the patient did not appear to have long to live, Dr. Morgan saw her in consultation. His opinion of her condition was most unfavourable. It was decided to try *arsen.* 3x. night and morning, with *hydrast.* 2 x. twice daily.

In a few weeks these remedies had effected so great an improvement that the pain in breast had gone, her spirits were brighter, pulse had come down to 80, she was gaining flesh and felt stronger. The same medicines have been continued and improvement has been steadily maintained until, at the present time, 12 months after commencing treatment, the growth is greatly reduced in size, and the small nodules around it have quite disappeared. There is no pain, appetite is healthy, patient gets up and dresses herself daily and knits and reads. During the last three months she has been at the sea side, getting daily out-door exercise, and seems, in short, a new woman. All this has been effected apparently by the sole use of the two remedies mentioned.

Reported by Mr. Dudley Wright, London.

Adeno-fibroma of Breast.—(*Phytolacca.*)

Maria H., aged 46 years, medical nurse, seen on October 1st, 1894. For one year has had a lump in her left breast, which is getting larger. There is no pain, but slight loss of flesh. Tumour is about the size of a walnut, not fixed, is hard and slightly lobulated, glands in axilla can just be felt. Extract of *belladonna* and *glycerine* ordered to be applied locally, and *hydrastis* 1x to be taken ter in die. On October 8th tumour was slightly softer, still some enlargement of glands which are now rather tender. *Phytolacca* ϕ, ♏ii, ordered t.d.s. October 22nd, very much better, lump is much smaller, glands have disappeared. The same treatment was continued till January 7th, 1895, when examination by Dr. Macnish, Dr. Roberts of Minnesota, and Mr. Dudley Wright failed to detect any sign of the tumour.

Reported by Dr. WINGFIELD, Birmingham.

Mammary Tumour.—(*Belladonna.*)

A woman, aged 50, applied at the Birmingham Homœopathic Hospital for advice. She had a tumour of the right breast, which had been noticed for six months, and was increasing in size. It was hard but movable, situated below the nipple. Glands were not enlarged, but there was much pain down the right arm, and the nipple was unmistakably retracted. A consultation having been held, it was decided that as the growth was probably cancerous, the breast should be removed, and patient was received into the hospital for operation. *Belladonna* 1x was ordered internally. In a fortnight's time all symptoms had disappeared, and no trace of the tumour could be found. Nothing in the way of treatment was used except the *belladonna.*

Still-born Infants.—(*Actæa racemosa during pregnancy.*)

Dr. Wingfield informs us of two cases occurring in his practice in which the use of this drug seemed to have insured living children at birth. In the first case, four children had all been born dead, from no discoverable cause, the mother never having had a living child; in the other patient, there had been two dead births and no living one. After the daily administration of a single dose of *actæa racemosa* 1x for two months before confinement, both mothers were delivered of healthy children which are now alive.

Reported by Dr. THEOPHILUS ORD, Bournemouth.

Renal Calculus.—(*Hepar* and *Berberis.*)

Mrs. S., aged 52, had for long been suffering from gradually increasing attacks of pain in region of right kidney, during which her right leg gets powerless. There is much pain and difficulty in micturition. Urine contains pus, albumen, and urates. Under *lycopodium*, *cantharis*, and *terebinthina* quality of urine somewhat improved and albumen disappeared, other symptoms were not relieved. *Hepar* 3x was then given t.d.s. with immediate benefit, and in one month urine became quite clear. Pains being still severe, especially after micturition, *berberis* ϕ was given in alternation with *hepar*, after which for one month there were no more pains and urine remained clear. Then

came suddenly a violent attack of renal pain with nausea and copious urination, lasting 12 hours. Next day a very small quantity of water passed, which was thick with red sand, "matter," and grains of gravel, some larger than a pin's head, and in amount about covering a threepenny piece. *Berberis* was continued for two months longer. There were once or twice slight returns of pain of diminishing intensity and occasionally a little sediment in urine. Two months after patient ceased attending, being free from pain, urine remained clear and she considering herself cured. Twelve months afterwards there had been no return.

HOMŒOPATHY AND THE DISEASES OF CHILDREN.*

By Dr. James Love.

(Continued from p. 91.)

I will now speak to you of a disease which we consider a signal triumph. I refer to whooping cough, which if not generally serious, is always very painful for the children who are attacked by it.

When I was a student I assiduously attended the clinical lectures at the Children's Hospital, and I have many times heard a most renowned children's doctor say "Whooping cough is a disease which lasts at the least three months and may last eight." Our maximum does not reach this minimum, for I have never seen whooping cough last three months even among those children whom it is impossible to keep indoors, still less among children whose good fortune it is to be kept in an equable temperature.

Allopaths usually prescribe the emetic already mentioned, syrups and juleps, with more or less opium, not forgetting change of air and a visit to the gas works. Change of air never produces any great result, and a visit to the gas works generally brings about spitting of blood. They have given up that, and now usually prescribe *belladonna*, which is a medicine

* An address delivered in Paris on behalf of the Society for the propagation of Homœopathy. Translated from the *Revue Hom. Française*, August, 1894.

they have borrowed from us. I say borrowed because I have been well brought up. It was the same with *drosera* that Constantine Paul "discovered" some years ago. Unhappily our adversaries, in discovering our remedies, behave themselves like the inhabitants of Falaise. They take the lamp but they do not light it. So they have but small success with our medicines or none at all.

The same children's doctor of whom I spoke just now, stated every year in his clinical lectures on whooping cough, and will go on repeating it, "I have employed *drosera* in whooping cough, I have given as much as 200 drops of mother tincture a day and I have never had any good results." I must confess I should have been much astonished had it been otherwise. Whenever this gentleman likes I will take a number of whooping cough cases and guarantee to cure them in a month or so with this remedy, and many of them will be cured in less time. I shall give *drosera* in the 12th dilution, a few drops in 200 grammes of distilled water, of which each child shall take three dessert-spoonfuls a day. Whenever he likes to make the little experiment I am at his service.

I will not speak to you of eruptive fevers, which take a simple course but which gain much by homœopathic treatment; I am convinced that our remedies often prevent those complications which are most to be dreaded.

Leaving now the subject of acute diseases, a certain number of which we have considered together, let me speak to you of chronic maladies, and especially of those which affect the bones. They are most serious, for although they do not kill they nearly always leave the patient an invalid. I could quote you a number of cases that were cured, but I will only give one. I was called in two years ago to a shoemaker's child, 13 years old, whose limbs, they feared, would have to be amputated. Before having recourse to this extreme measure the parents wished to try everything, and before going to different bone-setters they came to a homœopath! I found myself confronted with a horribly swelled foot traversed from instep to sole by a drainage tube, besides eight or ten sinuses, making a veritable circle of pus. It was not very hopeful, but I undertook the case. For 18 months I attended that child, treating the

case entirely with medicines taken internally, and always in the 30th dilution, *silica*, *mercury*, *calcarea* and particularly gold, continuing them for a long time. During the whole of the treatment neither bistoury nor knife was used. To-day that child is at work; he wears shoes and stockings like anybody else, and walks about Paris without crutch or stick.

I could cite to you cases of hip disease, Pott's disease, bone diseases of all sorts, but these are in the same class as the case which I have just related, so I will pass on. The only point on which I would like to insist on the subject of the treatment of these long continued bone affections is this—success depends not only upon the perseverance of the doctor but also on that of the parents.

The perseverance of the doctor consists in continuing a long time with the same medicine. The patient of whom I was speaking took gold for at least six months continuously. The perseverance of the parents, which is much more difficult to obtain, consists in going on with a treatment of which the daily results are imperceptible. Nevertheless, believe me, the results are sufficiently gratifying if the doctor has strength of character to resist the desire of the patient, otherwise very excusable, to make more rapid progress.

Last year on the subject of these chronic diseases I indicated, in passing, the possibility of a prophylactic treatment of hereditary diseases. I will ask your permission to speak a little this year on the same subject.

Everyone knows how in this century there have been theories and hypotheses which have successively governed official remedies, theories taking the place of or reversing the preceding ones in such a manner that the therapeutic means of one day were condemned by those of the next. For some years medical science which disparages the infinitely small in effect rests solely on infinitesimal causes, that is to say, on the microbe. The microbe is the cause of everything. It is the productive agent of diseases and the vehicle of contagion. In virtue of the adage, *Sublata causâ, tollitus effectus*, pathology being microbic, therapeutics has become microbicide. I will not speak to you of the therapeutics which in killing the microbe often kills the patient, or which in more fortunate cases produces nothing at all.

I will only speak to you of the microbic theory, which necessarily leads us to the theory of the contagiousness of disease, and as we are speaking of chronic diseases, that most terrible of all, tuberculosis.

In the present day it would be no use denying that tuberculosis is contagious; proofs of it are numerous and conclusive. But the mistake is to make contagion the first cause in the development of that fatal malady, when it is only the second. In fact, the number of people who for months live in intimate relations with tuberculous patients, and never become tuberculous themselves, is very large. And why? As certain seeds will only germinate in certain kinds of soil, so the bacillus of tuberculosis will only develop under suitable conditions. Everyone has or has not this predisposition. This is the first cause, thanks to which the second, that is to say the microbe, will find the condition favourable to reproduction, and without which it will remain inactive and without danger.

In a very important article published in Professor Verneuil's *Experimental and Clinical Studies on Tuberculosis*, and reproduced in *L'Art Médical*, of February, 1893, our *confrère*, Dr. Jousset, Senior, has established the truth of this doctrine by a great number of absolutely conclusive observations. I will, if you will allow me, add this little incident from my own personal experience. About two years ago there was brought to my dispensary a child of three years of age, suffering with Pott's disease, or caries of the spine, or to be more exact, spinal tuberculosis. In questioning the parents I found it impossible to discover any trace of tuberculosis in their antecedents. I attended that child for six months, when the father, a man 39 years of age, came to consult me. His right thigh was affected, he could not walk, and on palpation a tumour was found in the middle of the femur. He had consulted a surgeon at the hospital who had diagnosed the case as a syphilitic affection. The patient assured him that he had never had venereal disease, but the doctor persisted in his diagnosis all the same, and administered specific treatment. This treatment, rigorously carried out for the space of two months, produced absolutely nothing. It was just at this time that the patient came to me. I must say that the same idea presented

itself to my mind; but the denial of the patient and his great desire to be cured himself, and having consequently no interest in hiding the truth, coupled with the absolute uselessness of specific treatment, made me quickly abandon that hypothesis. I thought then of his child suffering from spinal tuberculosis, and diagnosed the case as tuberculous ostitis. The tuberculous father had begotten a tuberculous child, but had not himself developed tuberculosis until after his child. To day the father is entirely cured, but unfortunately we have not had the same success with the child. This patient had seen two doctors, the one imbued with contagion ideas, the other with heredity ideas. The first was mistaken, and the second made a correct diagnosis as the result proved. I have related this incident because it is of the same character as those which led Dr. Jousset to the following conclusions.

"The bacillus of tuberculosis has been found in the fœtus and in the new born child, arising from the phthisical mother. Observation has shown the latent existence of bacilli during long years. These two facts explain both the later development of, and the heredity of tuberculosis.

"In hereditary transmission, tuberculosis can change its form, a milder form can succeed a malignant one, and *vice versâ*. These transformations explain the inheritance of tuberculosis in a patient where the antecedents enjoy the appearance of good health"—as in the case which I have just cited.

"The exaggerated importance of contagion to the detriment of heredity constitutes a public danger, because it prevents proper precautions being taken to restrain the hereditary tendency and thus to diminish the dangers." This last conclusion leads me to the point of departure in this digression, that is to say to prophylaxis.

The idea of prophylaxis is not new, since in the last century Bordeu said, "Why not give to the new-born child, besides a chosen or particular diet, those remedies capable of removing hereditary impressions?"

That idea was taken up and fully developed in 1843 by Dr. Gastier. In 1847 he wrote thus: "The number of subjects submitted by us to this prophylactic treatment amounted to nearly 200. The state of their

health varied greatly, but nearly all were suspected of some inherited taint, manifested or not, from which we hoped to set them free by the treatment; it has not come to our knowledge that one of these children has died." And whatever part chance may have played in such an experiment, you will acknowledge that I have some right to produce it, if not absolutely as a proof of the excellence of the proceeding, at least as an encouragement and a stimulus to others.

My father, who has practised homœopathy for forty years, firmly believes in it, and his experience is sufficient to engage my interest and attention. I believe that although one cannot prove that a man who is not tuberculous will become so if he has not followed this treatment, no more can you prove that he would not have become the prey of tuberculosis if he had done nothing. At any rate he has the advantage and benefit of the doubt.

I will now call your attention to an instance of a family in which three children died, two of them of tuberculous meningitis, and the third of mesenteric tuberculosis. Four other children were born. The four have undergone the treatment in question and are all quite well, having already reached a greater age than the first three who died. I repeat that although it is not an undeniable proof, it is too serious a presumption to put on one side.

This treatment is composed of thirteen remedies, which are given in the following order: *Sulphur, sepia, carbo veg., arsenic, belladonna, lachesis, nitric acid, silica, thuja, lycopodium, graphites, calcarea, phosphorus*, each one to be taken for several days. Then we stop for some months, and begin again. It is not inconvenient nor difficult, and according to an old saying, "If this will not do any good, it will not do any harm."

In conclusion, let me meet an objection that might be made, and which certainly will be made by the allopathic doctors if there are any who have done me the honour to listen to me. They may say to me, "For one hour you have made affirmations, but have given us no proofs." Well, I maintain my affirmations, and as to the proofs, you may have them when you will.

All the facts that I have given you occur daily in our hospitals and dispensaries, and the doors are wide open. If, then, while rejecting false shame and hypocritical

dignity, you will come and see with your own eyes what we are doing, you will gain information and give us pleasure. We ask but one thing for the propagation of our ideas and of our doctrine, and that is the full light of day, this light which our adversaries have always refused to allow us to show them in their hospitals, and which they take good care not to come and observe in ours. But, notwithstanding all these obstacles, notwithstanding all their ostracism, they can never discourage us.

Let us always keep in mind the word of Alexandre Dumas, Senior, "If you think that evil triumphs it is because you have not looked long enough."

Homœopathy is good, is true, then it ought to triumph, and it will triumph; everything consists in looking long enough.

REVIEWS.

Gentry's Record of the Homœopathic Materia Medica: Companion to the Concordance Repertory. Chicago: 209, State Street.

Under the above title, we have received No. 1 of Vol. I. of a new publication. It takes the form of a medical journal, of not too good paper and print, containing 24 pages. This is to appear monthly, and will, it is hoped, before the close of the century compose "a complete materia medica, including not only the provings and symptomatology of each remedy, but all that is known regarding the history, uses, therapeutic application of, and experiences with, each drug." The editor (and proprietor) is Dr. William Gentry, already known by the *Concordance Repertory* he has issued. In compiling that work, he brought together a vast array of symptoms to be indexed therein; and now utilises his collection by publishing it in the present form, with such additional matter as is indicated above. He avows himself incited to his present task by Dr. Hayward's essay on the *Materia Medica of the Future*, presented to the American Institute of Homœopathy in 1889, and reproduces most of our colleague's allegations and arguments in his preface.

We applaud Dr. Gentry's laudable ambition; but we must be allowed to doubt, if the present issue be a fair sample of his work, whether he is equal to the undertaking he proposes. Our first hesitation arises from the very crude and imperfect literary form of his expositions. Errors in orthography abound on every page. Proper names of course suffer most,

and we have "Herring," "Bergundy," "East Indias," "Maynan" and "Manan" (for Magnan), "Tonnere," "Calcaria," "Woccenschrift," "Monatsh," and "Flemming"; but common words fare hardly better. "Effecting" for "affecting," "leuchorrhœa," "sturnum," "indiginous," "vascillating," "dismenorrhœa," "diphtheretic," "panus," "hyperdermically," "persuing," "defication," "hœmopotosis," "phthisis tuberculosis," "idiosyncracy," "coloquative," "putrifaction," "prophelactic," "palitable," "sebacious," "cicitrization," "flacid," "post partem," "opthalmia," "bronchii," "polyplus," "complimentary" (for complementary),—these are some of the freaks of spelling which have annoyed us as we have read on; and some of them occur too frequently to be ascribed to imperfect proof reading (which would itself be blameworthy in such a work). Then we read such English as "In one of the provers, the bowels were moved two or three times daily, without pain, but complained of itching or moisture about anus," &c.; and again "In every case where it was the true similia it has controlled the symptoms," &c.; and again "Forgets what has recently done." The style is slipshod throughout, but such writing as the above is simply intolerable.

But even were we to condone Dr. Gentry's sins against grammar and spelling, we could not commend his work as satisfactory. We will not make theoretical objections as to his mode of presenting Materia Medica; we will try him only by his own professions. We have seen that he promises to give the "provings *and* symptomatology" of each remedy; and from his adoption of Dr. Hayward's language it is plain that by the former as distinguished from the latter he means the detailed experiments, as given in the *Cyclopædia of Drug Pathogenesy*. For these, however, we look in vain in Dr. Gentry's pages. Of the drugs he has dealt with *abies nigra* and *abrotanum* have received such provings as might have been transferred from the above-named work, but he gives us only their "symptomatology." And what is this? In his preface Dr. Gentry tells us that the symptoms selected for reference in his *Concordance Repertory*, and now appearing here, were such as had been "verified three or more times." Will he affirm this of the 53 symptoms he ascribes to *abies nigra*, or the 118 standing under *abrotanum*? The former has been used only for the peculiar gastralgia it causes, the latter—so far as our periodical literature shows—has received no therapeutic employment at all. Whence, then, their triple verification? and whence, indeed, the symptom lists themselves, which considerably exceed in number those given in Allen's *Encyclopædia* under these medicines? In the

case of *abrotanum* we have a clue to the mystery. A "lecture upon it by J. T. Kent, M.D." is copied from the *Homœopathic Physician* of 1886, as giving "a clear idea of the characteristics and usefulness of this remedy." Now, Dr. Kent is one of those curious "Hahnemannians" (so-called) in whose homœopathy *similia similibus* is generally conspicuous by its absence, and whose indications for remedies are sublimely independent of their action on the healthy. When he speaks of the symptoms of a drug, or of what we "find under" it, he seems to be referring to such lists as are given in Hering's *Guiding Symptoms*, which do not profess to be pathogenetic, and are, indeed, in the case of little-proved and less-used medicines almost entirely hypothetical. Upon Hering's imaginations Dr. Kent's are based as a commentary, and the result appears in *Gentry's Record* as "thrice-verified symptomatology."*

It is surely time that all this shoddy was done away with. Dr. Gentry is an industrious person; and if he likes to compile a companion to the Materia Medica, containing the natural history, pharmacy, and recorded experience with our drugs, referring for their pathogenesy to Hahnemann, Allen, and the *Cyclopædia of Drug Pathogenesy*, we could welcome his work. But we would urge him to abandon the field of symptomatology—to cultivate which the first requisite is a clearer recognition than he seems to possess of the boundary-line between truth and fiction.

British, Colonial and Continental Homœopathic Directory, 1895. Homœopathic Publishing Company, London.

THERE is more than usual interest in the issue, after a hiatus of four years, of a *Homœopathic Directory*, because of the vigorous correspondence carried on in this journal in the summer of 1893, leading to a resolution passed at the Northampton Congress in September of that year adverse to the issue of a special medical directory.

The writer of the "Preface" states: "It is felt that the British Homœopathic Society's list cannot efficiently take the place of the old *Directory*. A large number of homœopathic practitioners are not members of the Society, and the Society

* *Acalypha* affords another example of the way in which Dr. Gentry constructs his symptom-lists. All that is known of it is that it has once caused, and several times checked, hæmoptysis. It has, however, in this publication eight symptoms ascribed to it, which, on reference, prove to be taken mainly from a case of suspicious chest disease treated by it by the late Dr. Holcombe, and reported in the *American Journal of Homœopathy*, Vol. ii., p. 274. Where is the triple verification here? and where is the thing to be verified?

has no more right to consider itself identical with the body of British homœopathists than the British Medical Association to claim to be the British medical profession."

"The large number of homœopaths" is forty-two, many of whom are no longer in active practice; whereas there are fifty-one members of the British Homœopathic Society in full work who are not to be found in the *Homœopathic Directory*, so that in reality the Society is more truly representative of "British homœopathists" than the *Directory*. The numbers in the *Directory* would have been many less had it been realised that the non-return of the circular would be taken to imply consent to the insertion of the name of the recipient in the *Directory*.

The *Directory* has been carelessly edited, and in rapidly going through it we have noted many errors. In addition to what may be called printers' errors we see one gentleman described as "Lecturer on the Practice of Medicine to the London School of Homœopathy," a post now in abeyance; another is designated "Lecturer on Materia Medica to the London Homœopathic Hospital Medical School," which never existed. One of the consulting physicians to the Hospital is described as "late physician"; and an assistant physician still in harness, appears to have resigned his post as he is called "late Assistant Physician London Homœopathic Hospital." A contribution to this journal is mentioned as having appeared in the *Brit. Hom. Journ.*, whatever that may mean. Several addresses are incorrectly given; in one instance the practitioner having left nearly 10 years ago; and one gentleman, presumably qualified, has no qualifications inserted in the *Directory*. It is a minor fault to confuse Caius College, Cambridge, with Carmichael College, Dublin; or to say that M.R.C.S. means Member of the Royal College of Surgeon, of England, and then to insert in some places M.R.C.S. and in others M.R.C.S. Eng.

Mr. John Binns Southam would hardly recognise himself as Mr. John Pinns Southern. The King's and Queen's College of Physicians in Ireland by a charter dated 1890 obtained the title of Royal College of Physicians in Ireland, so that it is now usual to express the title not by L.K.Q.C.P. as it appears in the *Directory* but by the title L.R.C.P.I. Even the hospital and dispensary list is not correct, there are errors in the descriptions and omissions. And lastly, the general agents of the "London Homœopathic Hospital Reports" should know that the volume is published annually not quarterly.

These errors may not really matter very much after all; they would hardly attract the notice of the public for whom the promoters of the *Directory* avowedly cater.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The fifth meeting of the session was held on Thursday, February 7th, at the College of Organists, Bloomsbury, Dr. Byres Moir, President, in the chair.

Mr. Dudley Wright showed casts of the upper jaw of two cases of tumour of the palate.

Dr. Burford showed a specimen from a recent successful ovariotomy in a single woman aged 38.

Dr. Moir showed a specimen of aneurism of the abdominal aorta just above the bifurcation obtained from a lady aged 88.

Dr. Roberson Day read a paper on "Myxœdema" based on a case treated in the London Homœopathic Hospital, and which had been shown at a clinical evening of the Society on March 2nd, 1893. The patient was again exhibited, together with a photograph of her previous condition, to show the marked benefit she had derived under the use of thyroid extract. The progress of the case whilst under treatment in the hospital from May 5th to September 5th, 1893 was detailed. The patient is still under observation, taking occasionally the thyroid powders. Dr. Day briefly reviewed the history of the subject, and indicated the use of the extract in cretinism and in other diseases, as psoriasis, eczema, lupus, &c. A discussion followed, in which Dr. Galley Blackley, Dr. E. Blake, Dr. Neild and Dr. Epps took part.

Surgeon-Major Deane then read a paper entitled "Deep Breathing." He first described the anatomy of the chest, in order to emphasise certain points to which he wished to draw attention, and then dwelt upon the theories and mechanism of normal respiration, pointing out the part played by the diaphragm in deep breathing. Arising from these points were the mode of deep breathing and the position in which it should be done. The position advocated for the soldier when at "attention" was severely criticised, and its faults demonstrated. The mode of deep breathing and its power to increase the chest capacity, were practically illustrated by Staff-Serjeant Paterson, of Aldershot, Williams, the light-weight champion, and Burrows, the light-weight wrestler of Australia.

The author concluded his paper with a *résumé* of the effects and applicability of deep breathing in the development of the young and in certain classes of chest diseases.

An animated discussion followed, in which Dr. Blake, Mr. Gerard Smith, Mr. Dudley Wright, Mr. Knox Shaw, Dr. Johnstone and Dr. Byres Moir took part.

NOTABILIA.

LEAF HOMŒOPATHIC COTTAGE HOSPITAL, EASTBOURNE.

We are pleased to record the good work accomplished here during the last year. There has been an increase of patients and a very great increase in donations, which has enabled the committee to add £400 to the invested capital. The number of patients treated at the hospital was 158.

There are four wards, containing eight beds and one cot.

The honorary medical officers are Dr. Croucher and Dr. Walther.

LEEDS HOMŒOPATHIC DISPENSARY.

The committee of this institution in their second annual report point to the steady growth in the amount of work done by their medical officers. During the year the number of attendances at the dispensary was 2,148, and 224 visits were paid to patients at their homes. The treasurer's statement of accounts is very satisfactory, enabling the committee to add £100 to the capital account.

The honorary medical officers are Dr. Ramsbotham and Dr. Stacey.

HOMŒOPATHY IN BOSTON, U.S.A.

A new association has been recently formed in Boston, in which members of the profession unite with those without its pale, who are interested in promoting the welfare of institutions, the object of which is the development of homœopathy and the diffusion of the advantages to be derived from it among all sorts and conditions of people. The first meeting of this society, the New England Hahnemann Association, was held at Cambridge, Mass., on the 15th of January, when, on the motion of Dr. Talbot, Professor of Surgery and Dean of the Medical Faculty in the University of Boston, Mr. E. W. Burdett was called to the chair.

Mr. Burdett stated that the association was formed to support the Boston University School of Medicine, and the several institutions connected with its work and essential to its growth. The constitution and bye-laws, which had been drawn up by Drs. Talbot, C. Wesselhœft, Clapp, Packard, and Heber Smith, were submitted and adopted.

Colonel H. S. Russell was elected President, and, in acknowledging the position accorded to him, spoke of the pride they all felt in the fine medical school, hospital and dispensary of the city of Boston ; and urged that practical help was needed, and renewed efforts were required to strengthen them,

and these were the objects of the organisation they had formed, one which it was a pleasure to him to serve.

Dr. Talbot gave an interesting outline of the Boston University School of Medicine, which was established in 1873. Its aim has been, in its twenty-two years of work, to do all in its power to improve the methods of medical education by entrance examinations, a lengthened term of eight months, a graded course of three years, examinations on the work of each year, a four-years' course—the first in the United States, and equal advantages and requirements, to both men and women. Its teaching has been didactic and practical. It has the following-named working laboratories: anatomical, chemical, physiological, microscopical, histological, pathological and bacteriological. It has a reading room and library of 3,000 volumes, a loan library of 100 volumes, a museum with various departments. In part to aid its clinical work, it has given valuable assistance in erecting and sustaining the Massachusetts Homœopathic Hospital, which has treated more than a thousand patients during the past year, and the Homœopathic Medical Dispensary, which has taken care of upwards of 18,000 patients. It has enlarged its original building to double its size, and four years ago, with aid from the trustees of Boston University, it erected a new fire-proof building nearly as large as the building then existing. It has graduated upwards of 600 physicians, men and women, and has in attendance at present 170 students. The carrying on of this work is very expensive. The future demands will be still greater than the present, and as there is no prospect of adequate endowment from individual sources, this association is formed that the many friends of homœopathy and of medical education, by contributing small sums may aid the work that this school is striving so hard to perform.

Colonel Charles R. Codman, chairman of the trustees of the Homœopathic Hospital, spoke of the public prejudice against homœopathy, and how it had been lived down because it believers had shown what they could accomplish without asking aid. He said the state and city had given generous assistance, but he wondered, in spite of this, at the wonderful success of the school of medicine when all its income is derived from students' fees.

Mr. Amsden and the Hon. C. C. Coffin spoke strongly on the great and useful work being done by the Medical School, the Hospital, and the Dispensary, and expressed their earnest desire that the New England Hahnemann Association might be of essential service in assisting these institutions by increasing their powers and enlarging their sphere of usefulness.

We heartily wish success to the new association.

CORRESPONDENCE.

LOCAL HOT AIR BATHS IN THE TREATMENT OF RHEUMATISM.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I discover from Mr. Tallerman's letter in your last issue that by treating the experiment made by him at the last Congress as a scientific demonstration I have done him some injury.

As the demonstration was a part of the proceedings of the Congress, and led to the crowding out of a paper by Dr. Gerard Smith, which I was very anxious to hear, I did not imagine that it was only intended to advertise a patented appliance.

I must express my regret for having blamed a manufacturer for showing ignorance of the technical details of medical treatment.

It must have been nine or ten years before Mr. Tallerman invented a local hot-air bath, that in a letter to the *British Medical Journal* I explained the physiological reasons why a local hot-air bath does not produce greater local effects. This was in answer to a medical practitioner, who, having tried one to produce local sweating of the arm, and failing to obtain his results, in spite of the use of a very high temperature, wrote, asking for an explanation.

In the article "Thermo-Therapeutics," *Medical Annual*, 1890, before describing the Berthollet Local Bath (which is equally adapted for moist or dry air at any required temperature), and a *local* bath designed by myself, I again called attention to the limited action of this form of bath, and referred to certain mistakes which had crept into medical writings respecting them. Now, Mr. Tallerman has come forward and made greater claims for a local bath than have ever been made before, and I have again directed attention to the same fallacies, and he regards it as an "onslaught" on his appliance, and insinuates that my criticism is prompted by the fact that I have some commercial interest in my own inventions. I do not blame Mr. Tallerman for looking at things from the point of view to which he is accustomed, but I may perhaps put the matter right with him by letting him know that he is quite at liberty to manufacture and sell any of the appliances described in my writings, and that by doing so he would save a great deal of trouble to practitioners who at present have to get them made by their local tin-smiths, and to myself in answering questions. This must conclude my correspondence with Mr. Tallerman.

I must, however, make some reply to the members of the

medical profession, whose testimonials are incorporated in Mr. Tallerman's letter. I was not aware until I read them that heat, as an agent for soothing an inflamed joint and relaxing a contracted one, was a new candidate to professional favour, and required certificates of its efficacy; but upon this point I can entirely agree with them, and, so far as purely *local* inflammation or injuries of joints go, I am prepared to say that Mr. Tallerman's appliance will prove as serviceable as other baths of the same type.

But the demonstration was to show that a local hot air bath was a *newly-discovered* remedy for rheumatism (a general disease), and an advance upon all existing methods. May I remind them that in the days when Psyche enjoyed the embraces of Cupid, one of her jealous sisters made it a complaint that she had to stay at home every day to apply fomentations and poultices to her husband's gouty joints. Apuleius, who tells the story, informs us that the physician to Psyche's brother-in-law recommended *moist* heat for this purpose. It is a curious fact that the physicians of the present day, accustomed to use heat for inflamed and contracted joints, all concur in the use of moist heat, and have excellent reasons to give for their preference.

Mr. Tallerman's friends, however, use *dry* heat. Is this because the laws of physics have suddenly changed, and dry heat has become more soothing and softening than moist heat?

It will be observed that Psyche's sister had to repeat these applications of heat every day. Now Mr. Tallerman, at the Congress, having relaxed the joints of an arthritic patient, by means of heat, talked of it as a *cure*, and forgot to tell us that in a few hours the joints would be as stiff as they were before they were "cured," and, curiously enough, the same forgetfulness occurs in these testimonials.

The omission is important, because while there is no objection to the local application of a high degree of heat to cure a sprain or a local muscular rheumatism, there is an impression among those who have to deal with debilitated joints, rheumatic, gouty or arthritic, that repeated applications of high temperatures are distinctly prejudicial, on account of the exhaustion of the local nerves which they occasion. Such applications are known to be highly palliative, but when it is remembered that the nerves which supply the skin over the joint also supply the joint itself, and that trophic changes in the joints are not wholly unconnected with the debility of these nerves, there is an obvious reason for the ordinary practice of using no higher temperature than is sufficient to accomplish the object, and of following the use of heat by cold or tepid

applications. Some explanation might at least be afforded of the reasons why this practice should be changed. I do not know whether those who have undertaken experiments to prove that a local hot air bath is a thermal agent capable of raising the temperature of the body will observe that when their results are brought together in Mr. Tallerman's letter, they exhibit such extraordinary variation that it is difficult to know which one to believe. It must be evident to them that the effect of the same application on the body temperature cannot be "nearly a degree" or "8 degrees," according to the idiosyncrasy of the gentleman who happens to have made the observation.

Only one of them says anything about the temperature of the room in which the experiment was made (it was 74° F.), and not one of them has described the condition of the patient at the time of experiment. They do not appear to be aware that in estimating the thermal effect of any agent upon the temperature of the body, it is neces-necessary that the body shall be in its natural state, that is to say, uncovered, and that the temperature of the room should be 60° F. Even a dry, unhealthy skin will vitiate temperature observations, and it is my own rule to give one or two diaphoretic baths before making observations for scientific purposes.

They may not be aware that, unless otherwise stated, it is presumed that these conditions have been followed, and if not they have provided the manufacturer of a patent appliance with fictitious testimony of the thermal power of his appliance, which he may use in all good faith to support the rather large claims he has made for it. If proper experiment were made, with a single arm in the appliance, there is no doubt that the result would be, as I stated at the Congress directly I saw the appliance, that no rise of temperature would occur at all.

Of course, if the person under experiment was wrapped up in blankets or covered in any way that would check the radiation of the body heat, a rise of temperature must occur, but then such a rise of temperature can be produced if the cylinder is dispensed with and the blankets used alone.

This shows that, by covering the body, we can introduce another thermal agent, more powerful than a local hot air bath. It is the human body itself which gives off enough heat in half an hour to raise its own temperature 1·8° F., and if radiation is completely checked, to raise the blood to boiling-point in 24 hours.

Of course it is open to Mr. Tallerman's disciples to say that they do not care how the temperature is raised so long as

it does rise; but if they entertain such ideas, I think I may be able to convince them, from their own reports, of the disadvantage of approaching scientific questions in this way.

The object of the experiment at the Congress was to show that the stiffened joints of one hand would relax when exposed to a hot, dry air at a temperature of 260° F. The result of the experiment was to prove that the stiffened joints of the *other* hand, which was not inside the cylinder, and which was not exposed to a temperature of 260° F., relaxed quite as much, and I think rather sooner, than the other. How is this explained?

Mr. Tallerman called it "curing the wrong hand." The medical report of the meeting says: "The result was certainly remarkable, and the same thing, the participation of the *untreated* joints in the benefit, has been observed in other cases."

These remarks convey the idea that the hot-air cylinder is a sort of beneficent genius from Sheffield, who, instead of setting steadily to work on the arm or leg submitted to them for treatment, is subject to occasional eccentricities, and goes off and "cures" the wrong hand. This "participation of the untreated joints" is spoken of as if it were one of those occasional phenomena upon which the Society for Physical Research expend their energies.

I turn, therefore, to Mr. Willett's clinical lecture at St. Bartholomew's Hospital for information. He says:—"I think there is evidence that the effect of the bath is not confined solely to the part acted upon, for the temperature of the patient is usually raised nearly one degree. True, this elevation of temperature alone would not prove anything, for excitement will often send up temperature, but the entire skin becomes relaxed. Besides, patients unite in saying that with the subsidence of pain in the part treated, pain is lulled in other joints."

Mr. Willett doubts and speculates, but does not help us to clear up the mystery.

May I respectfully suggest to Mr. Willett that when he next lectures the students at "Bart's" on thermo-therapeutics that he may tell them with absolute confidence that there *is* evidence "that the effect of the bath is not confined solely to the part acted on," because, owing to a discovery made by a certain Dr. Harvey that the blood circulates through the tissues, the effect of the bath cannot be confined to the part acted upon for the fraction of a minute.

He may tell them with equal confidence that if we add heat to the body at one part and check its radiation at other parts

that the temperature *must* rise, and that the rise *does* prove something. It proves that all thermal operations are subject to definite physical laws, and leave no room for doubt or speculation.

That the degree to which the temperature of the body rises depends upon the *efficiency* with which its heat radiation is checked, NOT upon the high temperature of the air in the cylinder.

He could demonstrate this fact to his students by closely wrapping up the patient in a few blankets, and showing them that any degree of temperature required may be obtained in this way without the use of the hot air cylinder.

He might show them that if the inner of these blankets is moistened, the rise of temperature is hastened, because water is a bad conductor of heat, and that the patient is more comfortable under these conditions, because the moisture relaxes the blood vessels and facilitates the passage of CO_2 from the blood.

Having got so far he might explain that the reason why the "untreated joints" participate in the effects of the local hot air bath, is that the perspiration upon the skin of the patient, and the clothes he is wearing act as a *moist* pack, and therefore produce the therapeutic effects of the moist pack.

He might go on to explain that the reason why this "participation" was only witnessed as an *occasional* phenomena and *incompletely*, was because it depends entirely upon the accidental conditions of the thickness of the patient's clothes and the heat of the room when a thermal method is employed without sufficient knowledge of the nature of the thermal agencies which produced the results. He might show that by using a hot moist pack for 20 to 25 minutes, instead of a local hot air bath for 40 to 50 minutes, a rise of temperature of 1½° F. to 2° F. instead of "nearly a degree" will be produced, and this, with certainty, in a room at 60° F.—that all the joints would invariably participate in the benefits of the treatment, and that not merely *local* effects would be produced, but that the acids on the tissues would become oxidised, and this fact he might demonstrate by the use of litmus paper.

I do not know whether I am right in supposing that Mr. Willett and the other medical reporters are in the habit of giving these local hot air baths to patients with their *clothes on*, and then recording, with satisfaction, that they have thrown them into a profuse perspiration. But I am led to think so by the temperature observations they have recorded. When I saw this done at the Congress meeting, I, of course, regarded it as due to the circumstances under which the demonstration was given, and, not being in the habit of even

thinking of such practices, I gave my opinion about the effect of the local hot air bath on the body temperature, under the impression that it was intended to be used with some kind of regard to ordinary notions of hygiene and cleanliness.

Is it necessary for me to point out that to designedly raise the temperature of a rheumatic patient and cause profuse perspiration, while he is wearing his clothes, is not a practice that can be commended? Do these gentlemen know that the rise temperature is followed by a fall, and that during the fall the patient is sitting in damp clothes? Are they in the habit of doing such things, and then dismissing the patient without any cooling or cleansing process?

I trust for the credit of our profession at the end of the 19th century that proof will be offered that this is not the case.

PERCY WILDE, M.D.

Bath, February 10th, 1895.

CLINICAL RECORDS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—*Apropos* of your excellent editorial on "Clinical Records" I should like to refer to a device which I have found very useful, and which I have described in the fourth edition of my *Prescriber*. It consists of foreign note paper cut to Albert size so as to be convenient for carrying in a flexible pocket book. Some of the sheets are plain and some are printed with the Schema in skeleton arrangement. On the latter the case is taken. The subsequent progress of the case is recorded on plain sheets inside which the Schema sheets can be slipped.

Formerly I used to record in a book kept at home the clinical work of each day, but I found a great saving of time and of searching of memory by taking permanent notes of each case at the bed-side. The notes are taken with a Fountain pen, and occupy no more time than is usually spent in thinking out the remedy. The indications of the remedy are recorded, and the next visit or attendance shows whether the selection has been justified or not.

I entirely agree with you as to the necessity of recording every case. We never know when a case is going to prove remarkable, and half its clinical value is gone if there is no accurate record of its previous phases.—Yours &c.,

JOHN H. CLARKE.

Clarges Street, W., Feb. 16.

HEALTHY PROFESSIONAL FEELING.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—We hear so much from time to time of the uncharitable spirit manifested by our brethren of the Old School, that it is a pleasure to be able to bring to your notice instances of a contrary nature, and to publicly acknowledge the kindly feeling and nobility of character displayed in the letter which I send you for publication.

The spirit of animosity which existed at the time that Professor Henderson held the chair of Pathology in the University of Edinburgh is very largely a thing of the past.

Occasionally as a body we are thundered at, and the echo of an angry and discordant voice may reach us from over the sea, but for the most part the air is tranquil, and we are permitted to pursue our work unmolested.

Although much remains to be done, yet, compared with the position of our fathers, surely the lines have fallen to *us* in pleasant places.

There is much we should like to see altered: there is much we have a right to ask to be altered, and there is much probably that will be altered in the near future.

Putting on one side the bigotry and prejudice of a few, and the despicable conduct of those who know better, I believe the majority are simply uninformed, and if I were wealthy and anxious to advance our cause, I should devote my wealth to the circulation of homœopathic literature, and I believe if a copy of Hughes' *Pharmacodynamics* could be sent to every practitioner in these islands, or a copy of this journal for a year, it would bring about a revolution.

When I consider it possible that I could be a student at Edinburgh University for six years, and in practice for thirteen, reading probably as much as most ordinary men of anything that came across my path, and yet remain in ignorance, not only of homœopathy as a practical element in the treatment of disease, but of the splendid literature which during its conscious existence has grown up about it, I can readily believe that with many the case is not so dissimilar to my own, and that their attitude is simply the result of want of knowledge.

The editors of Old School journals know it to be to their advantage either to ignore the subject altogether, or to present it in such a distorted light that it appears ridiculous to the intelligent reader; and the average practitioner, not so much closing his eyes to the light, as ignorant of the fact that light exists in that quarter at all, replies simply enough if any

question is asked by the query, "Can any good thing come out of Nazareth?"

What we say is "Come and see."

I believe we ourselves might do a great deal more than we are at present doing to spread abroad a knowledge of the truth that is in us. By courtesy and kindness, by constant application of the golden rule, by gentlemanly bearing, and above all by quiet conversation with brethren of the Old School as we have opportunity. Not at their meetings; there little good as a rule can be done. Men are not converted to homœopathy *en masse* any more than they are to Christianity.

It is by quiet steady work on the individual unit that good will be accomplished, and either by word of mouth, or by book or pamphlet, a dissemination of our principles may be carried on.

Also by maintaining our literature at high-level mark—by the publication in our periodicals of articles bearing the stamp of thought, originality and research, and by taking an interest in the welfare of the community where our lot is cast, much may be done to secure for us that honour and respect which in the long run will make it impossible for us to be treated in a manner at variance with that accorded to other members of the profession.

Many of the younger men in the profession are free from the bigotry which one occasionally sees displayed by some of the seniors: a spirit of greater enlightenment and liberality is being manifested, and by and by I trust we shall each be permitted to undertake the important task that has been committed to us in the way we individually think best, and that no one whose conduct is honourable shall undergo the ignominy of being passed on the street by a brother practitioner of the Old School simply because he happens to differ from him in the treatment of disease.

It may perhaps be of interest if I state the circumstances which called forth the letter in question. On Tuesday, January 22nd, I was roused up about 4.30 a.m., and requested to see Mr.—. As he had never been a patient of mine, I questioned the messenger about his illness, and was told that he was a club patient of Dr.—, at whose house he had attended for a month: that he—the messenger—had gone for him, but he had just returned from a difficult labour case, and having been up the previous night, refused to go. The lad said he mentioned several names as those to whom he might go, mine amongst the number.

On getting to the house I found the patient in bed. He was a man whom I knew well enough by sight, if not by name; large-boned, powerfully built and proportionately stout, æt. 55, a mason by trade, bald, with whiskers, beard

and moustache brownish-red turning grey; pleasant featured with soft grey eyes and florid complexion.

When I entered the apartment where he was, he was sitting up in bed, with a shawl wrapped round him, gasping for breath. The struggle was so tremendous, and the breathing so impeded that he was unable to articulate; his hands were dusky and icy cold; his face was cold and livid, and a cold perspiration stood on his forehead.

His breathing was so loud, and the chest so full of fine râles that it was impossible to make out a single cardiac sound, but the pulse was regular and of good volume, although the impulse against the finger was very abrupt and snappy. The feet were like lumps of lead. He kept leaning forward, sometimes catching at the bedcover, sometimes putting his hands round toward his loins in an agony of distress that was pitiful to witness.

He made occasional, but for the most part futile, efforts at coughing; the expectoration was very scanty, but some that I saw was pinkish in colour as if tinged with blood.

I gave him *Phosp.* 6. He was, I think, slightly, but very little, better after the first dose, but now instead of repeating it, having observed that he retched a great deal, and occasionally vomited, I gave *Ipecac* ϕ. This appeared to aggravate the dyspnœa, but it checked the vomiting.

After remaining some time I went home and sent him down trituration pellets of *ipecac* 3x, two to be given every 15 minutes for an hour, and *ars. iod.* 3x in the event of the *ipecac.* failing to relieve at the end of that time.

When the hour was up he was no better so the *ars. iod.* was given. After the first dose there was an appreciable improvement, and when I again saw him at 9.30 a.m. all immediate danger was over. His hands were warm, and so were his feet and legs; his face was suffused with a red blush on forehead and cheeks, and he was able to greet me with a smile.

When I called in the afternoon he was still in the sitting posture, being afraid to lie down till permission was given him. His breathing was very considerably easier, and less laboured. P. 84, regular; R. 40; T. 97.6. His hands were rather cold again and moist, and his face was moist, but not cold. I removed several of the pillows, and got him to recline on the left side. At first he thought he should be unable to lie, but I told him to try and get off to sleep, and I would remain for some time with him. In a short time he dropped off, and although he kept waking up every now and then he got some nice snatches of sleep. The action of the heart was indistinctly heard, and sounded very weak. At 10 p.m. he was lying comfortably on his left side; skin moist

and warm; pulse good; breathing more quietly than he has yet done; no sickness; has taken milk and beef-tea.

Wednesday, 23rd.—Has had a very good night; slept in and out, and is able to lie on his back to-day, with his shoulders somewhat raised. Face rather flushed over the malar bones and supra-orbital region. P. 104, regular, and less jerky; R. 32; T. 100.4. He showed me a handkerchief into which he had expectorated; the expectoration consisted of a viscid phlegm, mixed with bright blood. He has no great amount of cough, but coughs occasionally. On listening over the cardiac region the sounds of the heart could now be distinguished from the general breathing. The first sound was replaced by a bellows murmur; the second sound I could not satisfy myself about. Continue the *ars. iod.* 3x.

Thursday, 24th.—When I called this morning, he said, "I have been in bed last night," by which he meant he had slept well. He was reclining at the time of my visit, and looked bright and cheerful. T. normal; R. 30. Six or eight pieces of phlegm had been coughed up, mixed with bright blood. Continue. Friday, 25th. Fairly good night. P. 88; R. 26. T. not taken, as skin felt all right. Sputa tenacious; amber coloured; much less blood.

Monday, 28th.—Improving.

Thursday, 31st.—Doing well. On listening over the cardiac area there was, as far as I could make out, a bellows murmur, replacing both the first and second sound at the mitral area, and a similar murmur replacing the first sound at the pulmonary and aortic areas with an indistinct second sound.

I learned the following additional particulars regarding this case. For about a year he has felt it hard work going uphill. He could get along all right on the level. During this time he could lie down and sleep. He has no knowledge of ever having suffered from rheumatic fever. Previous to 20 years ago he used to drink beer and cider. He tells me that about three weeks ago he got a fresh medicine from the doctor, which he had to take at bed time. After being in bed for two hours, and lying all right, he would be obliged to sit up, and would remain so for three or four hours on account of difficult breathing; after that he could lie down again and go to sleep. This occurred every night he took the medicine, and one night when he omitted it his ordinary rest and sleep returned. The medicine was then changed, and he felt nothing amiss till the night preceding the morning I was sent for, when the difficulty began just as he was getting into bed, and continued as already described till the *ars. iod.* gave relief.

I was requested by the patient and his friends to continue in attendance as benefit had been derived from the treatment.

At my second visit I told them I should send word to the doctor that I had seen Mr. C. for him, which I did, and that I would not again visit him until Dr. — had been communicated with, and word was sent me to that effect, and I was requested to continue my attendance upon the case.

The doctor called the same forenoon, and then wrote asking me what my fee was for visiting a club patient of his. I sent him word to the effect that I was always glad to be of service to any brother practitioner, and that in his absence or when he felt indisposed I should never dream of accepting a fee. At the same time I told him that I thought it would prevent reflections on the part of club patients if a visiting card or a note were given to another practitioner under circumstances similar to the present. In reply to this he sent me the following letter:—

Torquay,
January 24th, 1895.

Dear Dr. Black,—I am very much obliged for your letter, and for so kindly seeing C. for me, and it will always be a pleasure to me to be able to at anytime assist you in similar circumstances.

The people were very nice about it, and said that as your medicine was doing good they thought it best to continue under your treatment, which I at once fell in with, and told them that I hoped they would not think I was offended in any way.

I often think that one of the great drawbacks in our profession is that so many medical men are actuated by a spirit of jealousy towards each other. Why should we not trust each other more, and give one another credit for being actuated by honourable motives? I hate these narrow-minded motives, and always like to trust all brother practitioners.

* * * * *

Believe me,

Yours very truly,

It is curious that on the previous day I had a letter from another practitioner of the Old School asking my opinion about his coming to practise here.

He wrote as follows:

"What do you think of it? It is perhaps a strange question to ask a brother practitioner in the neighbourhood, but I can rely on your fair answer and shall value it. I do not suppose our interests would to a great extent clash, they might coincide rather."

These letters, it seems to me, indicate a healthful spirit, and if they create a feeling of greater hopefulness and trust in the hearts of others as they have in mine towards our brethren of the Old School their publication will not have been in vain. I remain,

Yours sincerely,
GEORGE BLACK, M.B.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays, 2.30; Diseases of Women, Tuesdays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Diseases of the Throat, Mondays, 2.30. Operations, Tuesdays, 2.30.

ERRATUM.—We omitted to state on p. 78 that the article by Dr. MACK, of Ann Arbor, on *How to Teach and Study Materia Medica* was reprinted from *The Hahnemannian Monthly* (Philadelphia).

Communications have been received from Dr. HUGHES (Brighton), Mr. KNOX SHAW (London), Dr. ORD (Bournemouth), Dr. BLACK (Torquay),, Dr. RAMSBOTHAM (Leeds, Dr. WILDE (Bath).

BOOKS RECEIVED.

Life and Letters of Dr. Samuel Hahnemann. By Thomas Lindsley Bradford, M.D. Philadelphia: Boericke & Tafel.—*Prescription Cards.* By Stacy Jones, M.D. Philadelphia: Boericke & Tafel.—*British, Colonial and Continental Homœopathic Medical Directory for 1895.* London: Homœopathic Publishing Company, 12, Warwick Lane, E.C.—*The Journal of the British Homœopathic Society.* January. London: Bale & Sons.—*The Homœopathic World.* February. London.—*Medical Reprints.* February. London.—*The Chemist and Druggist.* February. London.—*The Monthly Magazine of Pharmacy.* February. London.—*The North American Journal of Homœopathy.* February. New York.—*The New York Medical Times.* February.—*The Pacific Coast Journal of Homœopathy.* January. New York: Tarrant & Co.—*The Medical Record.* January and February. New York.—*The Chironian.* December, January and February. New York.—*The Hahnemannian Monthly.* February. Philadelphia.—*The Homœopathic Recorder.* January. Philadelphia.—*The Medical Century.* January and February. Chicago.—*The Medical Advance.* January. Chicago.—*The Homœopathic Envoy.* Vol. v. Philadelphia.—*The International Brief.* January. Philadelphia.—*The Denver Journal of Homœopathy.* January.—*The Minneapolis Homœopathic Magazine.* February.—*The Medical Argus.* January. Minneapolis.—*The Daily Telegraph.* December 27. Sydney.—*Revue Homœopathique Belge.* December and January. Brussels.—*Bulletin Général de Thérapeutique.* February. Paris.—*Archiv für Homöopathie.* January. Dresden.—*Leipziger Populäre Zeitschrift für Homöopathie.* February.—*Homœopathisch Maandblad.* February. The Hague.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

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INFLUENZA

AND

AMATEUR PRESCRIBING.

Amateur prescribing, as seen in private families, as witnessed in the efforts of the clergyman to relieve sickness amongst his parishioners, in the endeavour of the village lady-bountiful to show a practical sympathy with the poor of her neighbourhood by furnishing them with medicines to cure their aches and pains, when regarded from an abstract point of view, appears as mischievous as amateur watch-mending. It seems to be essential that a knowledge of the structure of the body, and of the functions of its organs, of the actions of medicines, and the doses in which they may be safely and effectively given, should precede any attempt at remedying the disturbances incident to the health of the one, by securing the influence of the other. And, unquestionably, it is so. On the other hand, all homœopathic practitioners meet with instances of successful amateur prescribing, of the good fortune which not unfrequently follows upon so-called domestic medicine, and still more often of the determination of many to depend upon it. Again, in some circumstances it is absolutely essential,

as in the Australian Bush, the Wilds of Africa, on the American Prairie, or among the Canadian Woods; here skilled medical advice is not obtainable, save under very exceptional circumstances. Amateur prescribing among those who know nothing of homœopathy arises largely from the fact that, so far as medicines are concerned, physicians of the largest experience of traditional medicine have frequently proclaimed from the house tops that the best attested fact resulting from their experience is, that medicines are useless, and very often injurious. Did not Dr. Wilks, the eminent physician at Guy's Hospital, tell his medical brethren at Birmingham, that the art of medicine was "like all other arts of ancient times formed out of the fancies of the human mind." Has not Dr. Lauder Brunton, of high scientific repute, told his professional admirers that "we give medicine at random, with no defined idea of what it should do, and trusting to chance for good results. When a remedy fails in its work, we can give no reason for the failure. We do not even seek out a reason." When, again, as the late Sir Andrew Clark said in opening the Section of Medicine at the British Medical Association meeting at Cork, "we hear that the leaders of medicine, both here and abroad, are sceptical of the curative influence of drugs upon disease," is there any cause for wonder that persons, especially those who have been taught to believe that medicine-giving is almost the sole function of the doctor, should come to the conclusion that, if the skilled physician knows that medicines are so useless, there is no advantage to be derived from seeking his advice?

But not only is he told that medicines are worthless, but he is informed that they are (as commonly prescribed by physicians) in many instances injurious! Why then, indeed, should he call in a doctor? And these confessions are made by physicians themselves! Take, for example, the treatment of the recent epidemic of influenza. Dr. Burney Yeo, writing in the *Lancet* of the 2nd ult., says: "I should like to call attention to the routine and somewhat reckless use of such drugs as *antipyrin* and *salicin*, which I observe is still common in the treatment of influenza." His experience, he says, convinces him that "they possess no real antitoxic influence over this affection, and not only leave the patient exposed

to all the serious after-effects of the influenzal intoxication, but even render him more susceptible to some of them. . . . Patients who have been thus treated often have a tedious convalescence, and are very subject to recurrent attacks of cardiac debility, as well as to other serious sequelæ. I have often been struck," he continues, "by the pale, exhausted, worn and shrunken aspects of some of these convalescents." Dr. GRANT, of Elgin (*Lancet*, March 9th), writes: "In comparing notes of the cases which have presented themselves for treatment during the past five years, it has forcibly struck me that the mortality has been gradually diminishing, and the period of convalescence gradually shortening in each such successive epidemic. I do not consider this due to any lessened virulence of the much-maligned bacilli, but to the fact that *antipyrin* and similar depressants are being withheld in the treatment of this disease. . . . My own firm conviction is, and has been all along, that the *antipyrin* treatment was entirely responsible, in many cases, for the onset of the pneumonia, and that ordinary cases of influenza with bronchitis trouble ended frequently in broncho-pneumonia when *antipyrin* was administered."

In epidemics previous to the one which has been prevailing lately, *antipyrin* was, perhaps, more generally prescribed, by non-homœopathic practitioners, than any other drug Early in 1894, the British Medical Association published the results of an "Inquiry regarding the ill-effects following the use of *antipyrin*, *antifebrin* and *phenacetin*," a report upon which we commented in our February number. From this report it appeared that as an antipyretic it had fallen somewhat into disfavour. The ill-effects grouped themselves clearly into two divisions: (1) Those referable to an action on the nervous system, including various degrees of vaso-motor disturbance, profuse perspirations, enfeeblement, cardiac depressions and irregularity, nervous excitement and collapse; in exceptional cases such marked effects even as loss of power of speech, and complete mania; and (2) those referable to an action on the blood and circulation—namely breathlessness, varying degrees of cyanosis and lividity. In one instance, 80 grains given in five hours is said to have caused collapse and death in a case of rheumatic fever, a disease in which the

condition of the heart is ever a source of danger to the patient, without any *antipyrin*!

And yet this has been the chief agent with which non-homœopathic practitioners have sought to enable patients to struggle against the exhausting influenza process, an exhaustion which is most conspicuously seen in its effects upon the heart and lungs!

Amateur prescribers have endeavoured to imitate the skilled prescribers, and they, too, have been dosing their friends with *antipyrin*. "What" writes the *British Medical Journal* "are we to think of people who imagine they are suffering or who really are suffering from influenza, a disease which is trying to all, and dangerous to many, pouring into their unfortunate bodies such depressing drugs as *antipyrin*, *phenacetin*, and such like compounds, and so lessening their chances of recovery." We should, we reply, regard them as very close imitators of those medical men to whom Dr. Burney Yeo refers when he writes of "the routine and somewhat reckless use of such drugs as *salicin* and *antipyrin*, which," he adds, "I observe is still common in the treatment of this malady."

Amateur prescribing, after the manner of the ordinary non-homœopathic physician, is probably more risky than are more skilled modes of handling dangerous drugs in doses necessary to produce the degree of poisonous action through which the physician hopes to afford relief to his patient.

Attempts by amateur prescribers to relieve disease by homœopathically-selected remedies, or medicines which have obtained a repute as being specific in certain conditions, are not only much more certain in achieving the purpose for which they are advised; but the dose in which such remedies must be given is too small to render possible the development of any of those potentialities of evil inherent in a powerful antipathically-acting drug.

As we pointed out in the opening sentences of this article, there are circumstances under which amateur prescribing is inevitable. At the same time, as the treatment of a sick man, or woman, or child comprises much besides medicine prescribing that is of the greatest importance, the advice of a medical man is ever of advantage, and, when such an one is known to treat disease homœopathically, to

neglect seeking it would be clearly unwise. "Every man his own doctor," is a sheer impossibility. But to try to be one's own doctor, or one's neighbour's doctor, by "knocking down temperature" with *antipyrin*, and then striving to get the heart to resume its duties under the persuasive influence of whisky, on the one hand, and endeavouring to reduce fever by drop doses of the 1st or 2nd dilution of *aconite*, without being required to stir up the heart to a sense of the object of its existence by anything at all, on the other, are very different methods of attempting to do good. So that, while the amateur treatment of influenza by traditional methods is a great source of danger, by following the homœopathic method, there is not only no danger at all, but every prospect of doing good. In the simple catarrhal fever, when the pulse is hard and rapid, *aconite* has been found invaluable. When the type of fever has been more asthenic and the pains in the head, back and limbs have been severe, *baptisia* has proved most efficient. Add to these remedies, perfect rest in bed in a well-warmed room, and ample supplies of easily assimilated nourishment, and many an amateur prescriber will find success to follow his advice. But, on the other hand, in persons of advanced age, or in those of a feeble or debilitated constitution, this febrile condition may be the preliminary stage of a pneumonia or some other acute disorder; in one case seen lately it proved to be the precursor of a cerebral congestion in a child, and it is in such cases that the difficulties of the amateur prescriber and the anxieties of the professional adviser commence. Here, however, in the very large proportion of cases, *bryonia* will be found to meet all the medicinal requirements of most cases of congestion of the lungs; while the succeeding weakness, which is purely that engendered by disease, not such as arises from disease *plus* heavy dosing with *antipyrin* or *quinine*, will find relief in *arsenic*.

Thus, while amateur prescribing guided by the teachings and practice of the non-homœopathic physician in influenza is not only useless, but dangerous, that which is directed by instruction drawn from homœopathy and the experience of homœopathic physicians, while perfectly safe, possesses at the same time all the elements of success.

ON ADDISON'S DISEASE.

By J. Gibbs Blake, M.D.

On October, 1st, 1894, I was asked to see F. W. R., a married woman of 53. I found her lying on her back in a very exhausted condition. The whole of the skin of the face, arms and dorsal surface of the hands was dark coloured as if from long exposure to the sun. The palmar surfaces of the hands were pale, except the lines of the creases, which were bistre coloured, and contrasted strongly with the white of the rest of the palms. In all the cases of Addison's disease that I have seen this has been observed. (In one case, when the patient languidly leant her face on her hand, the everted palm gave me a clue at the first interview.) The heart was beating feebly, without murmur, and the diagnosis of my predecessor had been feeble heart, with a good prognosis. No abnormal signs were discovered in the lungs. The abdomen was distended with wind, causing pain, and there was obstinate constipation.

I obtained the following history. For about three years she had complained of epigastric pain which was attributed to indigestion and of painful swelling of the joints, especially of the hands, during the same period. Severe lumbar pain for 18 months. Frequent attacks of vomiting and nausea, also her skin was first noticed to be dark in May, 1894, and was observed to become much darker in September. On July 27th, after constipation more obstinate than usual, she fainted when the bowels were moved. A hopeless prognosis naturally was given, as her case was an advanced one of Addison's disease. She was left under the charge of a medical relative. Burroughs and Wellcome's tabloids prepared from fresh supra-renal capsules, were given as soon as they could be obtained. She died of exhaustion, October 11th, 10 days after my first visit.

I could only get permission to examine the supra-renal capsules. The usual appearance of a thick subcutaneous layer of fat was found on making an incision through the abdominal wall. The supra-renal capsules were removed, they were both hard and nodular, and when cut across pus exuded.

The capsules were examined by a friend, a Professor of pathology, who reported to me as follows:—"In the

specimen of Addison's disease which you brought me I find no bacilli in the pus. That, however, is a common experience with undoubted tuberculous material, as the suppuration is chronic, and few perfect pus cells even remain. Section of the organ shows the greater part converted into caseous tissue; the part not so disintegrated shows much new fibrous growth, which has effectually altered the structure of the organ, and probably strangled its function."

Jan. 7th, 1895, Mrs. H., æt. 33, was admitted into the Birmingham Homœopathic Hospital with phthisis. She had been confined two months before with the tenth child. Three attacks of rheumatic fever had left the heart without serious damage. Three years ago there appeared in the right breast an abscess, which was freely lanced. Latterly she has been getting weak, and subject to attacks of vomiting, with great exhaustion.

Father and mother both living. One sister died of "a broken blood-vessel." The percussion-note dull under both clavicles; respiration harsh; fine, bubbling rhonchi. Right supra-spinous fossa: vocal resonance much increased; fine, crepitant rhonchi. Left supra-spinous fossa; vocal resonance slightly increased; fewer rhonchi than on right. Urine sp. gr. 1.010; no albumen. The face is mottled, with dark stains the colour of chloasma, but with edges not sharply defined. This discoloration extends down the back of the neck; dorsal surface of hands dark; palms marked as in the former case; no discoloration in buccal mucous membrane. Her nipples and areolæ are very dark bistre coloured, with the exception of a wedge-shaped portion of the right, the seat of the cicatrix left by the free incisions made when the breast gathered. The cicatrix extends inwards and upwards for about two inches and is of the usual white colour, except at its edges, where there is a deposit of pigment of the same colour as that on the areola. Another cicatrix above and outside the nipple shows similar spots of pigment.

In addition to treatment for phthisis, Mrs. H. has taken tabloids prepared from supra-renal capsules, and has not been allowed to exert herself. She has improved in strength, but whether this is owing to the rest or to treatment, it is at present difficult to say. Hitherto

no good results of a permanent character have been observed from any treatment, but the recent observations, which I propose to quote, make it possible that the supply of the material of supra-renal capsules may be a palliative, and may prolong life, as well as make it more endurable.

Abelous and Langlois made experimental researches on the function of the supra-renal capsules of the frog,* and arrived at the following conclusions:—

1st. Death, which rapidly follows the destruction by cauterisation of both capsules, is owing to the suppression of essential organs, and is not the result of the shock of the operation, or of an inhibition; this is proved by the following facts:—(*a*) The symptoms are slowly developed; (*b*) The fatal termination is less quickly produced after incomplete destruction of both capsules, although the operation for the partial destruction of both capsules is as grave as that for their total destruction; (*c*) the subcutaneous insertion of fragments of the kidneys, with the supra-renal capsules attached, prolongs the survival. This operation would be evidently without effect on the phenomena of inhibition.

2nd.—Death is not caused by a disturbance of the renal function; for (*a*) micturition is perfectly effected in frogs deprived of both supra-renal capsules; (*b*) The kidneys can be cauterised without touching the capsules, and very extensively without causing the death of the animals; (*c*) The kidneys have been ligatured in such a way as to entirely suppress their function, but the animals live much longer than when both supra-renal capsules are destroyed. Sometimes they live as long as five days.

From a number of facts which have been repeatedly verified, Abelous and Langlois conclude that:

1st. The death of frogs, as a result of the destruction of both supra-renal capsules, is due to the accumulation in the blood of one or more toxic substances.

2nd. That these substances resemble curara, *i.e.*, they act on the motor termination of the nerves and a little also on the muscles themselves.

Abelous and Langlois ask, "What is the origin of these poisons?" They are not prepared with a definite

* "Archives de Physiologie," 1892, p. 269.

answer, but think that the toxic substances are elaborated during muscular contraction. The *rôle* of the supra-renal capsules, they think, is to produce a substance which will neutralise or destroy these poisons. These organs must, therefore, on this hypothesis, rank amongst the most important of the animal economy. They are organs essential to life.

It is always rash to conclude, from facts observed in the lower animals, that similar facts would be observed in animals higher in the zoological scale.

However, they think (and some experiments undertaken by them on Mammalia* tend to confirm their opinion) that the knowledge of these facts is a useful guide in the study of the physiology of the supra-renal capsules in the higher animals.

INFLAMMATION AND EMPYEMA OF THE ACCESSORY SINUSES OF THE NOSE.

By Dudley Wright, M.R.C.S. Eng., L.R.C.P. Lond.

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It can scarcely be disputed that of the whole tract of mucous membrane that part lining the nasal cavity is, of all others, the most prone to become the seat of catarrhal inflammation; and this being the case, it is scarcely surprising that the process should occasionally spread to the adjacent bony sinuses, whose fleshy walls are directly continuous with, and, but for some slight modifications, closely resemble in their anatomical features the lining membrane of the nasal meatus.

Fortunately such an extension of the inflammation is in no way a very common occurrence; and this fact, combined with the inherent difficulties in diagnosis, owing to the oftentimes equivocal nature of the symptoms, is in great part the cause of our present somewhat scanty knowledge of this class of cases.

Owing to its more exposed position, and to the more pronounced nature of the symptoms produced, lesions of the maxillary antrum are far less difficult of diagnosis than is the case with the other accessory cavities. Affec-

* J. E. Abelous et P. Langlois, sur l'action toxique du sang des mammifères après la destruction des capsules surrénales ("Comptes Rendus de la Société de Biologie, 1892," p. 165).

tions of the frontal sinus, when very acute, likewise present symptoms which scarcely allow of misinterpretation; but in the case of the sphenoidal sinus and the cellular spaces of the ethmoid bone we have, as I shall afterwards point out, far greater difficulty in arriving at an exact determination of the amount and nature of the lesion.

Before discussing the symptoms and treatment of the affections of the various sinuses, it will be as well to recall the most important facts concerning the anatomical relationships of each, as a thorough knowledge of these points is essential to the successful diagnosis and treatment of the various states which inflammation of these structures evokes.

First, then, as concerns the maxillary antrum. We have here to deal with a large cavity of roughly pyramidal form, situated in the superior maxilla. The base of the pyramid corresponds with the nasal wall of the cavity, and the apex points to the malar process, the other four walls being formed respectively by the orbital and alveolar surfaces of the bone above and below, and the facial and zygomatic surfaces in front and behind.

Of these walls the nasal is by far the weakest, being to a large extent formed by the mucous membrane of the nose alone, and it is here that the *ostium* of the antrum is situated, which, as is well known, is placed at a considerable distance from the floor of the cavity, and opens into the middle nasal meatus beneath the overhanging middle turbinate bone.

The presence of more than one *ostium* is so common that such a state of affairs may be looked upon as the normal condition, and in the dried skull the openings are very much larger than when the parts are covered, as in the natural state, with mucous membrane.

Of the four other walls mentioned, the orbital is the only one which needs particular notice. It is through this wall that the infra-orbital nerve runs, being usually placed in a channel in the bone; and this surface of the bone is extremely thin, and not uncommonly a small defect in the bone is found by which a connection is obtained between the antral and orbital cavities. This is an important fact, and will be noticed again in connection with empyema of the antrum.

Though usually a single cavity, the antrum may be divided up into one or more incomplete partitions by bony or membranous septa. Such partitions may be the cause of the retention of purulent secretion after an artificial opening has been made, and their presence should, therefore, be sought for and got rid of at the time of operating. Further, besides the partitions, accessory spaces may be formed by the abnormal extension of the antral cavity into parts normally consisting of spongy bone. Thus the alveolar border may be greatly excavated, so that the fangs of the teeth project above the level of the floor, and a similar extension may take place into the malar or palate processes, and in the latter case the antral cavity will thus separate the plate of bone forming the floor of the nasal cavity from that forming the roof of the mouth. Finally, in the upper and back part of the sinus cellular air spaces are commonly found similar in form to the ethmoid cells and often communicating with them.

A few words may be said concerning the lining membrane of the antrum. Though a continuation of the nasal mucous membrane, it nevertheless differs slightly from it, and in its structure more closely corresponds with that of the middle ear. Its superficial layer forms a mucous membrane, and its deeper part acts as a periosteum for the underlying bone. A considerable amount of adenoid and loose reticular tissue exists, in the meshes of which fluid readily collects during inflammation, and causes this membrane to swell to several times its normal thickness, so that the antral space may become nearly obliterated.

Acinous and tubular glands which secrete mucus are present, and their lumen occasionally becomes blocked, on account of which the deeper lying part of the gland becomes dilated and a cyst develops.

Such cystic swellings may be very numerous and may attain a considerable size.

Luckerkandl* has pointed out that the lining membrane of the antrum is not suited for the production of a plastic exudation, and hence a diphtheritic membrane never forms on it. The same observer states that by reason of its structure, it does not easily absorb fluid that has collected in the antrum, though I have found

* Normale und Path. Anat. der Nasenhöhle.

no mention of the grounds on which this statement is based. It is certainly an important fact, if true, and would help to explain the great tendency for affections of the sinus to become chronic.

The frontal sinus is of a pyramidal shape, and is separated from its fellow by a thin partition, which, however, may be imperfect. It is very variable in size, and may, indeed, be absent, and is rarely found to be of any size before puberty, and is not present before the seventh year.

Occasionally it extends some considerable distance into the supraciliary ridge, and it may be divided into partitions by septa, as occurs in the maxillary antrum. The natural opening is by means of the infundibulum into the middle meatus, just in front of and slightly above the opening of the antrum of the same side, but there is commonly an accessory opening slightly higher up.

Defects in its bony walls occasionally occur, and are usually found opening into the orbital cavity.

The sphenoidal sinuses are two cavities in the body of the sphenoid, and bear much the same form as the body of the bone in which they are situated. They stand in important relationship to the base of the brain, and, if of large size, may be separated from the cranial cavity by only a thin shell of bone. They may also extend into the basilar process of the occipital bone, reaching nearly as far as the foramen magnum, or into the wings of the sphenoid.

They are the most deeply-placed of all the sinuses, and consequently the diagnosis of their implication is attended with more uncertainty than is the case with the others. We shall see later how important is the close relationship to the cerebrum in producing septic inflammation of that structure or its coverings.

Like the other air spaces of the cranium, the sphenoidal sinuses are absent in childhood, and only become developed after puberty.

The opening of each sinus is into the superior meatus, and close to that of the posterior ethmoidal cells, with which they occasionally communicate.

The cells occupying the lateral masses of the ethmoid bone are the last of the air spaces that we have to consider. They are divided into anterior and posterior sets, the former opens by means of the infundibulum

into the middle meatus, and communicate with the frontal sinus. The latter open into the superior meatus in front of, but also communicate with the sphenoidal sinuses. Both systems of cells are separated from the orbital cavity by the *os planum* of the ethmoid, and the other bones helping to form the inner wall of orbit, and, as we have seen is the case with the orbital walls of the frontal and maxillary sinuses, there is here also, occasionally, an aperture in the bony lamina.

It will be thus seen that the sphenoidal is the only sinus which does not abut on the orbital cavity, and that the others form a system of spaces surrounding a part of the upper, and the whole of the inner and lower boundaries of that recess. This is a most important fact to bear in mind, as will be seen when we study the symptomatology of the various affections of these sinuses.

Before, however, going into the symptomatology and treatment, it will be well to make a few remarks concerning the ætiology of these complaints.

Besides being secondary to catarrhal affections of the nasal mucous membranes, inflammation and empyema of the various accessory sinuses may be brought about in other ways. Thus, the rupture of a peridental abscess may occasion an empyema of the maxillary antrum. So also a primary affection of the surrounding bone such as caries or necrosis, may, in the course of syphilis or malignant disease, bring about the same condition in any of the pneumatic cavities; nevertheless, of all the various causes enumerated, we still have simple catarrhal inflammation of the nasal mucous membrane standing as by far the commonest starting point of empyema of the accessory cavities of the nose.

(To be continued.)

THE COUGH OF *RUMEX CRISPUS* AND ITS ANALOGUES.

By J. P. R. Lambert, M.B., C.M., Edin.

On the 12th of January last, Mrs. T. T., aged about 35, came to my dispensary complaining of a very troublesome cough, from which she had suffered every winter,

with one exception, since she was five years old. During that winter she gave birth to a child, who also suffers from a similar cough every time she gets a cold, and is the only one of Mrs. T.'s nine children who is affected in that way, which, by the way, is worthy of note.

She described the cough as an incessant, dry, hacking or barking, which description was quite accurate, as I had opportunity to observe. The coughs were separated by an interval of a few seconds only, and continued night and day while awake. The attacks were induced by a tickling under the upper end of the sternum, were worse at night, after going to bed, so that she had to sit up for some time, were always aggravated by frosty weather, and relieved in a warm room. Moreover, she complained of the cough causing a sharp pain in the side of the neck and chest, and in the hypochondria. She suffered also from dyspnœa at night, and her mother was asthmatic.

Examination revealed no physical signs.

She had taken on her own account, *bry.*, *spong.*, *dros.*, and other medicines.

Judging the cough to be purely nervous in its pathology, my first prescription was *hyos.* 3 x. (though not clearly indicated by the symptoms), three powders to be diluted in water, ʒ ij. to be taken every three or four hours. On January 17th she said she had been better since the frost ceased, but had a worse night than ever after beginning the medicine. This was probably due to being out in the cold, so I changed the treatment to *rumex* 3 x., three powders as before. On February 18th she came to consult me about varicose veins, from which she had suffered for years, and said that the cough was practically cured, and that she had been free from it through the severest weeks of this season's frost.

In studying the pathogenesy of *rumex*, we find a number of thoracic symptoms, but cough only occurs in 5 of the 11 provings in the *Cyclopædia*. Thoracic pains, on the other hand, are noted more or less by eight provers. These pains have a decided affinity for the left side of the chest, and are variously described as acute, piercing, cutting, transient stitches, fine stitches in substance of left lung, and also as burning or stinging on left side. The left-sided pains may be ameliorated by lying on the painful side (like *bry.*), and aggravated by

lying on the right side, and also by deep inspiration, for which, however, there is a desire.

The commonest site of the pains is in the region of the left nipple and below the clavicle.

There may also be an aching in the anterior part of both lungs; also a sensation of rawness in the throat and smarting in the larynx.

The cough is described as hacking, or, in one case, as dry and spasmodic, occurring in paroxysms.

It is excited by tickling sensation or irritation, either in the suprasternal notch or behind the upper or middle part of the sternum, or it may be felt only on the left side of the sternum.

It may be induced by lying down or turning from the back on to the side, or by riding in the open air. The tickling behind the sternum is the chief characteristic.

C. Dunham gives as the keynote for *rumex* increased sensitiveness of the mucous membrane of the trachea, so that cold air, any irregularity in breathing, or deep pressure on the trachea, &c., excites cough; so great is this sensitiveness that the patient covers his mouth with the bedclothes at night to prevent inspiration of cold air. These must be clinical indications, but we have had opportunity of verifying the latter recently.

It has also an action on the skin, producing great itching, chiefly while undressing at night. This irritation may be accompanied by a dense eruption of small papules.

Rumex also has some action on the larynx and fauces, producing hoarseness and smarting in the larynx and soreness of the throat and fauces.

Beside these thoracic symptoms *rumex* has a marked action on the whole intestinal canal, producing constipation or diarrhœa, and epigastric pain; also an action on the urinary system, chiefly the bladder; and a marked action on the skin producing great irritation, especially at night when undressing; moreover, it produces transient pains in all parts of the body, but these additional symptoms we cannot discuss in detail at present. In many cases of the troublesome cough which appears to occur in most cases of influenza in the present epidemic, *rumex* is a remedy which should not be forgotten; we have had several cases where it has been indicated and given with good result.

Several remedies need to be compared, principally *hyos.*, *phos.*, *caust.*, *conium*, *lach.*, and possibly *verat. alb.*

Hyos. acts more on the larynx, producing huskiness and a dry spasmodic cough, induced by irritation in the region of the larynx and throat. The cough is aggravated by lying down and ceases on sitting up. Apropos of this symptom, *ferr.* and *mang.* have the opposite effect (*vide* last month's *Hom. World*), and *hyos.* often relieves a cough which is not improved by sitting up.

Conium is very similar in its action, with this peculiarity, that the cough occurs very prominently on first lying down.

Causticum acts on the larynx also, but its action extends downwards to the bronchi. The hoarseness may amount to complete aphonia, and is always marked. It has also a peculiar sensation of not being able to cough deep enough, and that a deeper cough would shift some obstruction. *Lachesis* also acts more on the larynx, and has the characteristic of great sensitiveness to touch and pressure on the larynx.

Phosphorus produces a tickling in the larynx and hoarseness, but has also a more prominent action on the pulmonary tissue and smaller bronchi. Like *rumex*, it produces a tickling behind the sternum, if anything, lower down and a marked tightness of the chest, which does not occur with *rumex*. It has also more expectoration; but though *rumex* in the provings produces but little, we have found it beneficial when there has been a good deal. So the presence of expectoration does not necessarily contra-indicate *rumex*, other symptoms agreeing. *Verat alb.* has been mentioned because it has the symptoms of deep hollow cough with tickling in the remotest bronchi.

Before closing this paper there are two symptoms peculiar to *rumex* which have not been mentioned; first, a sensation of a tight thread round the neck just below the ears; also a streak of soreness down the left side of the sternum. *Caust.* has a similar symptom in the middle line.

THE USE AND ABUSE OF THE FELT CORSET IN LATERAL CURVATURE OF THE SPINE.

By Gerard Smith, M.R.C.S.

There are many cases of non-carious lateral deformities of the spine, in which the temporary use of some artificial support is essential to successful treatment; although no appliance can be regarded as in itself curative, it may act as preventive of worse deformity, and may play a valuable part in connection with scientific gymnastic curative treatment.

The majority of artificial supports, however, are applied with so little regard to the mechanical and anatomical demands of the case, that they become worse than useless; and this is specially true of the well-known poro-plastic jacket, which, as usually applied, is the most disastrous appliance for lateral curvature that it is possible to conceive; obviously, if the jacket be moulded exactly to the contour of the patient, even if suspended, the appliance simply fixes and renders permanent the existing deformity, whilst it absolves the muscles from their natural office, and leads to muscular atrophy.

But there is a general principle which may be carried into practice in this matter of artificial supports, and which is an imitation of the natural methods of correcting the deformity; the principle is that every appliance should act as a means of establishing a physiological habit in the patient, of a kind likely to correct the deformity by instinctive muscular action. Since lateral curvatures are produced by vicious postural habits, they can be cured by the education of opposing habits, and any appliance must be designed to produce this education. In curable cases, where there is still considerable mobility in the spine, with or without power of voluntary muscular correction, our object must be to establish a habit of continually using the appropriate corrective muscles; in early cases by daily gymnastic exercises alone, but in more advanced cases by the educating action of some appliance.

Pressure brought to bear in any corrective direction by an appliance must not be designed to act merely passively, but should be so arranged that the patient is persuaded to escape from the pressure by habitual muscular action; and if, as is usually done, an appliance

such as the felt jacket, be fitted closely to both the concavity and the convexity of the curve, this habitual action is absolutely prevented.

The jacket should be so applied that it does *not* fit the patient, and this misfitting must be intentional and properly calculated; no attempt should be made to artificially correct the deformity by extension, but, during the fitting of the jacket, the patient should assume the best possible posture attainable by voluntary effort; this at least may be fixed, whilst the misfitting should allow of further gradual voluntary correction. The misfit consists in making the softened felt follow exactly the *convexity* of the curve, whilst on the concave aspect an empty space is left, which shall as nearly as possible represent the normal position of the ribs or loins, supposing the deformity to be corrected.

We do not want the concavity to be filled up by the rigid hardened felt, but by the tissues of the patient, taking a new position as the spinal curvature becomes corrected; therefore, we leave an empty space into which the body can be pulled by gradually educated muscular habit. In fitting the softened jacket, this is secured by filling the concavity with firm pads, building up the normal curves in imagination; and when the jacket has set these pads are removed, and, subsequently, pads are placed under the jacket on the convex side in such positions as shall induce the patient to try and get away from them, thus instinctively using and educating the corrective muscles.

The shifty dodges of children to escape the corrective influence of spinal appliances are most difficult to conquer; the patient must be obliged to exercise these efforts in a beneficial direction, and, therefore, the persuading pads must be sufficiently unyielding to induce the effort to avoid their pressure; and if the proper space be provided, into which the movement may be made to thus avoid the irksome pressure, the felt jacket becomes a most useful appliance, since there is in it no other direction in which escape can be made. I need scarcely say that the front of the jacket should be sufficiently soft to avoid undue constriction of the thorax, and that the daily gymnastic treatment should be directed specially to the development of the muscles

which the patient uses thus habitually in avoiding the pad pressure.

Applied with such precautions, the poro-plastic jacket becomes an efficient muscle educator, whereas, as usually applied, it is an efficient obstacle to any correction of the deformity.

The comparative inexpensiveness of the jacket, with its lightness and easy adaptability, make it the most practicable appliance for the treatment of hospital patients, as well as for the use of the country practitioner far removed from any large hospital or orthopædic surgeon.

CLINICAL AND THERAPEUTIC NOTES OF RECENT CASES.*

Reported by Dr. Bird, Penarth.

Sciatica and Jaundice.—Lachesis.

A strong healthy labourer, aged 35 years, had been working some months during the summer in sewers, when he was seized with severe double sciatica. He could walk well, except during the paroxysms of pain, which occurred every 15 or 20 minutes, lasting about two minutes, and were most agonising. There was extreme tenderness to touch over the course of both great sciatic nerves. The general health was good, and tongue was clean, but his motions were very dark and offensive. *Mercurius* was prescribed, but without effect, when in a day or two distinct icterus developed, and in 24 hours became very pronounced, the motions now being colourless.

On the third day the case seemed to resemble one of acute blood-poisoning, especially affecting the liver and great sciatic nerves, and on these indications, the pain being severe and almost constant, *lachesis* 6, which also matched the subjective symptoms, was prescribed, a dose every 15 minutes. In the first hour after commencing *lachesis* there was only one slight attack of pain. The next day there was freedom from pain, and even from tenderness over nerves; the jaundice also had diminished.

* Contributions are invited for this department. They should be addressed to Dr. Ord, Bournemouth.

Patient, however, complained of an extraordinary pain at the back of his neck, as if he had been suddenly struck there. This he had felt several times; it was so instantaneous and real that he accused his wife of having struck him. *Lachesis* was therefore stopped, but in a few hours pain in legs began to return. Patient was then advised to endure the discomfort in back of neck, and to continue *lachesis*. In a week the jaundice had gone, pain in legs disappeared, and all other symptoms were permanently relieved; patient appearing in his usual health again. There has been no return of the sciatica.

Chronic Gastric Pain.—Hydrastis.

A woman, aged 52, who had passed the climacteric, had suffered for some years from pain in pit of stomach after all food. Pain was most severe, extending through to back; at times everything taken was vomited, and there was marked cachexia. This condition was so severe and intractable, that although no actual tumour could be felt, it was believed that the symptoms arose from cancerous stricture of the pylorus. It was therefore decided to try *hydrastis* ϕ, gtt. i, ter in die. This gave speedy relief, patient's general state improved, the cachexia and pain diminished. Discomfort was still experienced after food, so *hydrastine hydrochlorate* 2x. was substituted. This also kept the pain in abeyance. For the past two years these remedies have been constantly resorted to, and always give relief when the pain recurs, as it does occasionally, though in a mild form. The general health remains good.

Reported by Dr. Black, Torquay.

Laryngeal Catarrh.—Ferrum Phos.

On Wednesday, January 23rd, 1893, I was called to see Miss R. L., æt. about 60. She is of spare habit of body and feeble vitality. Her hair is iron-grey; her eyes dark and luminous, but with a soft light in them; nose aquiline; manner bright and vivacious. Her type of constitution appears to me to be a compound of the nervous and bilious. She was in bed, and complained of her throat, the feeling being "as if it were skinned," and the situation of this feeling from the larynx down to the suprasternal fossa. For two weeks she has been

struggling against a cold, which she thinks the sudden fall of temperature on Monday night brought to a climax. She has a slight cough; P. 80., T. 99.4. *Ferr. phosph.* 3x.; a three-grain powder in a tumbler of water, a dessert-spoonful every half hour while awake.

Thursday 24th. P. 68, T. normal. Feels much better. A great deal of the soreness is gone from the throat, and the hot burning feeling also; she now complains of some rawness about the suprasternal fossa. *Bry.* 200, 12 drops in a tumbler of water; a dessert-spoonful every two hours.

Friday 25th. Capital night. Better. Soon all right.

SUB-ACUTE ARTICULAR RHEUMATISM.—VISCUM ALBUM.

Mrs. M., æt 24, a stout, leuco-phlegmatic woman, with red hair and light-blue eyes. Mother of two children, the youngest being five months old, and at the breast. On Feb. 3rd, 1894, she had tonsillitis, which was relieved in two days by suppuration and discharge from left tonsil, *ferr. phos.* 5x and *baryta carb.* 4x having been given. About a fortnight previously she had experienced an attack of rheumatism, preceded by shivering, in her ankles, shoulders, right hand and wrist, which were swollen. On March 18th she again had a shivering fit. Next day she felt a gnawing pain in ankles, commencing in the right, then going to left, next affecting the right knee, followed by the left knee, the right hip being invaded last. On March 22nd the ankles and knees were less swollen. Patient could not stand; had to be lifted in and out of bed. Knees were not swollen, and there was no redness; but they were stiff, and acutely painful on movement. The right hip was very tender on pressure, and the skin reddened over the joint. Heart sounds clear, somewhat accentuated over pulmonary and aortic areas. Urine high coloured, no deposit. Pulse 108, temp. 101°. *Aconite* 1x, ordered every two hours. Next day pulse was 96, and temp. 99.4°. Both hips are now affected. Urine clearer; has had no sleep. March 24th.—No sleep at night on account of pain in legs, which affects her when she tries to turn on her side. A little sleep during day. Pain always gets worse when she becomes warmer in bed. The left knee-joint is swollen, without redness; the pain is always worse on movement. Pulse 104, temp.

99.8°: *Bryonia* 3, every two hours. Next day pulse was 108, temp. 100°. No improvement, both elbows now affected, the right first. *Viscum album* 3, every two hours: March 26th.—Had a better night, slept more. Wrists now affected, the right first; it is stiff, puffy, and the skin reddened in a streaky fashion. Knees and ankles stiff and painful. Pulse 100°, temp. 100, rising to 108 and 100.4° respectively at 10 p.m., when there was still a great deal of pain. March 27th.—Entirely free from pain; it left her at 1 a.m. in the following order—first, ankles, then knees, then elbows and wrists. Can move the legs to-day. Right wrist very stiff. At 9.30 p.m. had no return of pain; swelling is leaving right hand and wrist. Complains of an aching pain at the top of the head. Pulse 94, temp. 99°. March 28th.—A good night, slept well. About 10 p.m. pains returned in right wrist and elbow, not severely; a nagging pain, which left again about 1 a.m. Can now move legs without pain. Swelling has left knees; there is still a little in right ankle, also of right hand. March 31st.—Allowed out of bed. April 2nd.—Sitting up, complains of weakness. *Viscum alb.* changed to *china* 30, ter in die.

During illness the cardiac sounds were clear, and the milk slowly left breasts without trouble. The pains used to get worse about 5 p.m., and kept on generally till 1 or 2 a.m., when sleep ensued. She said of pain, "it was just as if all my veins were drawn right up," and in her hips, as if she were "being drawn up in these parts and then suddenly let loose." There was transient pain in back on March 23rd only, probably due to her having been only two weeks free from menstrual discharge since confinement, during which interval there was considerable leucorrhœa.

Reported by Dr. Washington Epps, London.

Pyloric Ulceration.—Cuprum Metallicum.

W. E. S., aged 31, employed in the Post Office, attended my clinic November 15th, 1892, and gave the following history of his illness. In June, 1891, he had a severe attack of influenza, and kept his bed for one month. In the fourth week he was seized with acute pain in the stomach, followed by vomiting of food mixed

with bright blood; the bowels being at the time constipated and the stools quite black. The vomiting continued at short intervals for the next month. After this the vomiting occurred only periodically, at first at intervals of a month, then every one to three weeks. The present attack began on November 7th, and has lasted ever since. For the last week patient has vomited all his food and also a fluid which he described as looking like cocoa-washings. Patient has occasional pains in his stomach, but the vomiting is without pain. Tongue very wet from much saliva, and white with red edges. Bowels irregular. Urine not copious.

On examination of the abdomen nothing was found but tenderness above and to the right side of the umbilicus. Ordered *uranium nitrate* 2.

Nov. 22nd. Patient has lived on fluids, broths principally. He has attended to his business all the past week. He has had nausea on five of the seven days, but *no vomiting*. Pain some days, tongue the same, bowels moved naturally on 22nd, stool normal colour, urine not increased in quantity. Patient to-day mentioned a peculiar symptom, namely, that *always* before each individual attack of vomiting he had a contraction of the muscles (cramp) on the front of the left thigh. During the past week this cramp has preceded each attack of nausea. As the mischief appeared to be at the pyloric end of the stomach, the *nitrate of uranium* was continued.

Nov. 29th. Retching only, always preceded by cramp in left thigh. Some pain soon after eating. The retching occurs one hour after taking food. Yesterday took mutton; he had feeling of heaviness in the stomach immediately, but no retching. Tongue indented by teeth, less wet. Three very slight actions of bowels. Sleeps well.

On questioning patient as to cramps, he states that he seldom has cramp in bed, but is very liable to cramps in the legs, under the chin, in the neck muscles, and in the fingers. *Cuprum acet. 3x.*

Dec. 9th. Free from cramp in leg, sickness and retching for five days; then pain very severe one day after taking fowl, has not vomited. B. irregular, stools never black, epigastrium still tender. *Cupr. met. 12.*

Dec. 20th. Much better. Free from sickness, pain

and cramp. Still some soreness of left thigh. Bowels more regular; has taken stewed apple, grapes and figs. Patient remarks he feels better than he has done for two years. *Cupr. met. 12.*

Dec. 30th. Patient feels quite well, excepting a slight tendency to flatulence. *Cupr. met. 12*, once daily.

April 4th. Patient quite well as to his stomach, excepting that he cannot take much vegetable food.

THE INDIAN MEDICAL CONGRESS.*

THE close of the past year was signalised by an event which, had better counsels prevailed, might have been made the most important event for the medical profession not only in India but throughout the world.

In our number for February, 1894, we gave the news on the authority of the *Pioneer* that at a meeting of the Council of the Calcutta Medical Society, held on the 24th January, it was decided to hold an "Indian Medical Congress" in Calcutta at the beginning of January, 1895. It was also decided to widely advertise the Congress, and to invite all practising medical men of the world, but especially of India and the East, to take part in it.

The Congress was widely advertised in India, but whether the more ambitious part of the programme, of issuing invitations to medical men of the whole world, was carried out or not, we cannot tell. In point of fact, but few medical men outside of India attended the Congress, of whom the most noteworthy was the world-renowned editor of the *British Medical Journal*, Mr. Ernest Hart, a gentleman of whom we of the new school have to be particularly proud for his untiring crusade against our doctrines, our principles, and our practice.

The Congress was held at the end of December of the past year, instead of, as originally contemplated, at the beginning of the present.

As the first Congress of Indian medical men of the old school, it was a great success. With the Viceroy as Patron and the Lieutenant-Governor of Bengal as Vice-Patron, it could not be otherwise. With Dr. Robert Harvey as its chief organiser and justly-elected President, it was bound to be a success. The ability, energy, and

* Reprinted from the *Calcutta Medical Journal*, January, 1895.

enthusiasm, courtesy and tact born of genuine and wide sympathy, and broad catholic views, rare in members of the school to which he belongs, are the qualities which characterise Dr. Harvey; and it is to these qualities that the great success of the Congress was largely due. We are certain that if he had had his own way in every matter, the success would have been greater.

The conception of holding a Medical Congress in India was an excellent one, and if the grand idea of inviting medical men of all schools from all parts of the world had been carried out, we have no doubt the invitation would have met with a ready response.

In India, as nowhere else, we have representatives of all schools of medicine, ancient and modern.

We have practitioners of the Hindu system, perhaps the oldest in the world. These go by the name of Kavirajs or Vaidyas, some of whom are men deeply read not only in ancient Hindu medical writings, but in general Sanskrit literature. They are much in favour, chiefly with orthodox Hindus, and not unoften admirably maintain their ground, with their dietetic regimen, and, notwithstanding their huge polypharmacy, against their rivals of other systems.

We have practitioners of the Arabian system, lineally descended from the Greek as left by Galen. These go by the name of Hakims, some of whom, like their brethren of the Hindu system, enjoy very great reputation for learning and success. These men are much in favour with the Mahomedan community.

We have practitioners of the European allopathic system, who, having the monopoly of all official posts, constitute here, as throughout the rest of the civilised world, the dominant school, which we from our point of view look upon as the old school.

We have last of all practitioners who have received the same regular professional education as their brethren of the old school, who, therefore, are in perfect accord with them in every thing that relates to the healing art, except in believing and acting upon that belief that there is a definite law of drug-cure which has been formulated by Hahnemann in the expression *similia similibus curantur*, and that drugs, in order to act remedially when administered in accordance with this law, should be administered in doses less than those which produce

physiological or pathogenetic action. It must be admitted that, as regards therapeutics, the primary branch of medicine, and the very *raison d'être* of the profession, the difference between the two schools is fundamental. But this is no reason why there should be an absolute separation of the two classes of professional men so as to exclude all fellowship and communion, especially as there is no difference between them as regards the very foundation of all therapeutics, anatomy, physiology and pathology. It was to have been expected that the difference which has led to such divergence of practice in dealing with diseases, should have led to closer fellowship and communion between men who have a common object in view, the relief of suffering and the prolongation of life. But events have taken a different turn, and the two schools are now in a state of chronic and bitter opposition to each other. The result has been that the new school, from the fact of the old school being in possession of all official positions, is still under a sort of ban, and effectually prevented from making that progress which otherwise it could have made. Hence the number of its adherents is necessarily much smaller than those of the old. Notwithstanding this, the progress it has already made under such adverse circumstances is astonishing, and in countries, as in the United States of America, where the people have a freer hand in their own government, that progress is proceeding at a rate so as to threaten the extinction of the old school with its present bigotry and intolerance at no distant future.

Such is the position of India with respect to the medical profession. She offers, as no other country can, the singular opportunity of studying the comparative merits of the various systems of medicine that are now in vogue. The projectors of the medical Congress in India might have remembered this fact, and made the Congress a really representative one.

All classes of the Indian community would have lent their hearty support to such a project, if it had been properly laid before the public; there would have been no lack of money to accord suitable welcome to guests from foreign lands, and India would then have presented a spectacle unique in the history of the medical profession.

But it might be supposed that nothing useful could have come out of an assembly of such heterogeneous elements, as Kavirajs and Hakims, allopaths and homœopaths; of men who know nothing of the structure and functions of the human body, and of men who differ so fundamentally in their methods of dealing with disease.

It is true that if the Kavirajs and Hakims have any knowledge of the organism whose disorders they treat, it is a most erroneous and fanciful one, and therefore any contribution from them, or any discussion with them, on the pathology of any disease would be worthless and unprofitable. Nevertheless if we bear in mind that they are sometimes very successful practitioners, combating quite heroically with some of the most formidable diseases, such as dysentery, fevers, dropsies, rheumatism, paralyses, &c., which do not require much accurate pathology for their rough diagnoses, which is all that people care for, and of which the most accurate diagnoses do not often lead to their successful treatment,—if all this is borne in mind, it would be arrogating too much to assume that we can learn nothing from these practitioners. These men, therefore, could not have been altogether without use in a medical congress. It is our belief that if we could exercise tact and charity, and if we had sufficient knowledge of the languages of their authorities, we could have gathered much from their experience which would not have failed to be of substantial utility to medicine.

Whatever objection might be urged against association with Kavirajs and Hakims, the same cannot with any show of reason be urged against the friendly intercourse of men of the two schools into which the scientific branch of the profession is divided. They have, as we have said, every thing in common except therapeutics so far as treatment by drugs is concerned. The excuse for dissociation and disunion is the less when the new school appeals to observation and experiment for the verification of their doctrines,—observation and experiment which it is not only in the competency, but which it is the duty of every regularly trained practitioner to make to justify his calling. What a splendid opportunity the congress would have afforded for obtaining from some of the veterans of the new school their experience with the new law of drug-cure discovered by a man who, till the

time of this discovery, was looked upon as one of the greatest men in the profession of his day. What a splendid opportunity has been lost for the reconciliation and reunion on Indian soil of the two schools of medicine so long and yet so widely separated, which would have tended to the advantage of both, and to the incalculable benefit of suffering humanity.

But it is useless to express regret for the non-occurrence of what might have happened. What has happened has gone to the irrevocable past, and all that now can be done is to take a critical review of it in order to draw from it all the lessons it is capable of yielding. For it cannot be that a Congress, which was planned and organised for nearly a year, which had the support of the Government of India and of the local Governments, and in which over seven hundred medical men took part, some of whom are distinguished by varied attainments if not by much original research,—it cannot be that such a Congress should have terminated its sittings with no substantial result, or with a result which was hardly worth the time and the energy and the money spent upon it.

We learn from a contemporary that over 200 papers were submitted to the Congress, of which 98 were actually read;—39 in the section on Medicine, 19 in that on Surgery, 14 in that on Obstetrics, 16 in that on Pharmacology and Indian Drugs, 10 in that on Legal Medicine and public Health.

The opening ceremony was a grand and imposing one. It was presided over by His Excellency the Viceroy, Lord Elgin, who delivered a short but a very significant speech. This was followed by a long address from the President. Then followed speeches from His Honour the Lieutenant-Governor of Bengal and Dr. Gallay, Delegate of the French Government from Pondicherry, in proposing and seconding a vote of thanks to Dr. Harvey; and speeches from Surgeon-Major-General Bradshaw and Mr. Ernest Hart in proposing and seconding a vote of thanks to His Excellency the Viceroy. All these speeches were good and important. We cannot forbear expressing here the pleasure we felt in listening to Mr. Ernest Hart's eloquent speech. It was such a treat that we forgot for the time being his persistent and almost insane antipathy to homœopathy.

REVIEWS.

The Life and Letters of Dr. Samuel Hahnemann. By THOMAS LINDSLEY BRADFORD, M.D. Philadelphia: Bœricke and Tafel. 1895.

THE leading facts and incidents of Hahnemann's life and labours are so well known to his followers by the numerous more or less complete biographies of him which have been published in all countries where his system is practised that it was a bold venture of Dr. Bradford to undertake yet another life of the illustrious founder of homœopathy so many years after his death. But though Dr. Bradford has not been able to tell us anything new about Hahnemann, he has pieced together all the information scattered through the works of his predecessors, and given us an interesting and complete account of the life and opinions of the great reformer of medicine.

Dr. Bradford gives us, in a connected narrative, all that is known of Hahnemann's younger days, for which the well-known autobiographical fragment Hahnemann has left us is his chief authority. But as this only brings us to 1791, the history of his subsequent wanderings, labours, discoveries, persecutions, triumphs and career down to his death full of honours, wealth and well-earned fame in the capital of France, are compiled from the various accounts left us by his friends. A full history is given of the discovery of the great therapeutic rule which revolutionised the whole practice of medicine, and of the growth of the system, and the changes and improvements gradually made in it by its author. Dr. Bradford does not give us any critical estimate of Hahnemann's opinions and teachings, but contents himself with stating these, as far as possible, in Hahnemann's own words. He gives a full account of Hahnemann's quarrels with and denunciations of some of his followers, and of the wretched disputes about the management of the Leipzic Hospital, which did not always redound to the credit of the great man.

The account of Hahnemann's domestic life in Germany and Paris is very interesting and often amusing. Everything that has ever been published by intimate friends and casual visitors and patients is laid under contribution by Dr. Bradford in order to give a complete idea of the appearance and behaviour of the grand old man. His wives and children, too, are presented to the reader in various and often conflicting descriptions, some of which partake more of the character of gossip, and not altogether benevolent gossip.

Dr. Bradford's plan seems to have been to collect everything that he could relating to his hero's professional, literary and domestic history, and though some of the accounts he admits into his work do not present his hero in a very heroic light, he leaves the reader to form his own opinion from these contradictory documents. Though Dr. Bradford's work cannot take very high rank as a biography, it is an extremely interesting, we may say a fascinating, work and should be in the library of every English-speaking practitioner of homœopathy. It presents the man Hahnemann and his teachings in a very complete manner, and will serve to rescue him from the mythical and legendary presentation of him which some of his zealous, not to say fanatical disciples, have lately been giving us.

There are some errors in Dr. Bradford's work which we hope may be corrected in a second edition, which we are confident will soon be required. Thus at p. 353 there is a circumstantial account of the cure by Hahnemann of the Marquis of Anglesey (called in the heading to the chapter "Duke of Anglesey"), whereas most English homœopathists know that the Marquis was not cured at all, but continued to suffer from his terrible neuralgia until he had a stroke of paralysis a few months before his death. The Marquis was six years under Hahnemann's care—at first personally, afterwards by correspondence; and he only left off Hahnemann's treatment as it had completely failed to cure or even to relieve his incurable disease. We would also recommend Dr. Bradford to be more careful with the spelling of his German names and words, and to get someone to put the accents on his French words. It is distressing to see, at p. 427, a French poem of twenty lines without a single accent on any of the vowels! Such carelessness is exasperating and inexcusable.

The book is dedicated to our colleague Dr. Dudgeon, who must be proud of the honour thus conferred on him.

The portrait of Hahnemann at the commencement of the book, though said by his wife to be a good likeness, is so utterly unlike any of the other portraits hitherto published of him that we can hardly believe it to be intended for the same person. Probably the voyage across the Atlantic which has proved fatal to Dr. Bradford's French accents, has washed out all the familiar furrows, lines, and wrinkles of Hahnemann's portrait, and left this expressionless, mild-eyed, simpering, smooth, dough-face to show our American friends what Hahnemann was not like.

The Homœopathic Eye, Ear and Throat Journal. Vol. I.—No. 1. January, 1895.

This is a new American journal, edited by Drs. Norton, Helfrich and Garrison, with the assistance of several well-known United States physicians. The volume contains an introduction setting forth the aim and scope of the journal, and seven separate articles on the various subjects in its special province.

The first article is by Dr. Houghton, on "Clinical Ear Cases." The writer draws particular attention to the use of "myro-petroleum in inflammatory states of the mastoid cells, and gives the notes of a case in which it was used with much benefit.

Dr. Angell contributes a short paper on the "Dyer Method in Asthenopia," which consists in the daily practice of gymnastic exercises of the muscles of accommodation in weak sight.

"Nasal Hæmorrhage," by Dr. Dunn, is the next article, which will be continued in the next volume. A somewhat interesting case of reflex epistaxis due to gonorrhœal inflammation of the prostatic urethra is noted. Dr. Dunn defines reflex hæmorrhages of this nature as a lesion dependent upon the relaxation of the vessels of the nose, brought about by a temporary vaso-motor paralysis due to irritation of the vaso-motor system, in some more or less distant part of the body, and he considers that vicarious menstruation is a symptom of this nature.

Dr. Park Lewis, of Buffalo, contributes a paper on "Eye Strain as a Cause of Epilepsy," and gives the notes of the case of a young man who had been subject for two years to typical epileptic fits, brought about by overwork before an examination, and in whom the correction of astigmatism by means of suitable glasses completely checked the attacks which had not previously yielded to a long course of the usual allopathic remedies.

The next two papers are by Dr. Linnell on a simple device for modulating the sound waves in massage of the middle ear, and Dr. Bissell on "Eye Hygiene." Dr. Pearsall furnishes an article on "Antitoxin in Diphtheria," in which a history and explanation of the theory of serum therapeutics is given, and also a short extract of the statistics of this form of treatment at present at hand. The work is a fair one on the whole, and compares favourably with other journals of a similar nature.

A Pathogenetic Materia Medica, based upon Drs. Hughes' and Dake's Cyclopædia of Drug Pathogenesy. By the Medical Investigation Club of Baltimore, Md. Philadelphia: Bœricke & Tafel. 1895.

THIS work now appears in book form for the first time, after having received a friendly welcome in American periodical literature. The drugs treated of are forty-seven in number, all of which have been "tested by not less than ten experimenters." The records of the provings, &c., as given in the *Cyclopædia of Drug Pathogenesy*, are condensed and reduced to the Hahnemannian schema. Even the *Cyclopædia* records are sifted, reasons being given in each case for the rejection of any particular set of symptoms. There is no doubt that by this means the bulk of our Materia Medica is considerably reduced, even though the size of the volumes, if it were carried through, might not be obviously smaller. The symptomatology of a drug is arranged in four subdivisions:—

1st. Introductory remarks.

2nd. General sphere of action of the drug.

3rd. The detailed symptom list in schematic form.

4th. Clinical therapeutic suggestions based upon the pathogenetic record.

Of the practical usefulness of such a book only those can judge who use it. For our own part, we regret the multiplication of such incomplete efforts. At best the work is but an index—an incomplete index, too, as we think—of a very small number of our drugs, some well used, others little known. It is not even a repertory, *i.e.*, each record is an index to one drug only. Having given the medical public an opportunity of judging of the method in the *Hahnemannian Monthly* and the *Southern Journal of Homœopathy*, the Club might well have waited before making yet another book on Materia Medica until it had gone through all the drugs, and was thus able to present a completed work. By that time the *Index* of the *Cyclopædia* would probably have been published, and no need for a further work would have been found as an excuse for book-making.

Bread from Stones. Translated from the German of Julius Hensel. Philadelphia: A. J. Tafel. 1894.

THE informal little volume that is published under the above title is an interesting account of a "New and Rational System of Land Fertilisation and Physical Regeneration," and is designed to show how, according to the author, the true cure of an exhausted soil consists in supplying it with such chemical substances as potash, soda, lime, or magnesia,

&c., rather than following the usually accepted method of fertilisation. The writer argues that "inasmuch as the plants spring from the soil, it is manifest that the earthy or ashy constituents must be furnished by the soil," and "as we have seen that the primary rocks in the mountain regions, porphyry, granite, and gneiss, through the mellowing and crumbling influence of thousands of years, have produced the fertile soil which furnished us with healthy, nourishing plants, it may easily be seen that when such a soil has been almost exhausted of the elements that nourish plants through a cultivation of long years, the original natural strength cannot be restored to it by means of medicines and single chemicals," but can only be effected by "obtaining from the proper rocks the necessary materials to rejuvenate the old and worn-out soil and restore it once more to virgin fertility."

Many interesting facts are cited to prove this theory, and though the author generously allows that stable manure *may* promote the growth of plants, and give to them a certain value, he maintains that a result almost four times as great may be attained by a judicious mixture of rocks in a finely-powdered state, and that in the Palatinate, two hundred farmers were found to testify before Court that fertilising with "stone-meal" showed far better effects than those where artificial manures were used. Stone-meal, as a tobacco fertilizer, is at present being used with great success in some parts of Germany, and vines nourished with the same are said to form stronger shoots and give sweeter grapes, and to escape injury by insects and fungous disease.

This theory does not come to us quite in the light of an experiment for it appears to have been tried with a good deal of success in several districts in Germany. And as it promises not only to free the farmer from a heavy yearly expense for artificial fertilizers, but gradually to bring back his exhausted fields to their virgin state, we venture to express the hope that in these days of agricultural depression and despair there may yet be a chance for the English farmer.

Practical Uranalysis and Urinary Diagnosis. A manual for the use of Physicians, Surgeons and Students. By Chas. W. Purdy, M.D. With numerous illustrations, including photo-engravings and coloured plates. London: F. J. Rebman. 1894.

This work is intended to save the student the trouble of turning over the pages of a number of separate works, medical, surgical and special, to obtain the information conveniently collected in its pages.

The first division of the work treats of the analysis of urine, into which it enters sufficiently exhaustively for ordinary and thorough clinical work. The second division deals with urinary diagnosis, *i.e.*, with the state of the urine in various diseases of the body, urinary and other. This section is of especial value and interest. Besides describing the leading symptoms of renal, vesical, and other diseases, especially those relating to the urinary system, it gives a very excellent account of the topographical anatomy of the kidney—an account difficult to get in its entirety except in a few large and special works.

We know of no work more generally useful in this department than Dr. Purdy's, and have ourselves made use of it with advantage on more than one occasion.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The sixth meeting of the session was held at the College of Organists on Thursday evening, March 7th, Dr. Byres Moir, President, in the chair.

Dr. Burford showed a large ovarian tumour, removed successfully by abdominal section.

Dr. Johnstone showed two microscopical sections of (*a*) spindle-celled sarcoma of the ovary: (*b*) myoma of the ovary.

Mr. J. C. Pincott read a communication entitled *Clinical Notes of a Case of Cystic Ovarian Tumour Cured by Rest and Drugs.* The patient was a lady aged 52, in whom, after consultation with Dr. Burford, a right ovarian cyst was diagnosed. Arrangements having been made for an operation, she was temporarily ordered *potass. brom.* gr. x t.d.s. Under this and rest she steadily improved, and the tumour quite disappeared.

Dr. Burford next read a paper *On the Successful Therapeutic Treatment of a Case of Ovarian Tumour, with a general view of the Indications for and limits of Therapeutic Management in these Cases.*

(Dr. Burford mentioned that the paper had been written by him, instead of, as was expected, by Dr. George Clifton, of Leicester. Owing to the sudden pressure of very heavy work, Dr. Clifton was compelled to postpone his contribution dealing with this subject until a future meeting of the Society.)

Dr. Burford, in the course of his paper, alluded to the hitherto prevalent scepticism as to the effectual dealings of remedies with neoplasms, and showed that the movement of opinion was now travelling through the purely surgical sphere

to that in which drugs, no less than surgery, had their appropriate vogue. An instance of ovarian tumour was then narrated, the data being derived from a case in the practice of Dr. George Clifton, where a cure had been effected by the long continued administration of *bromide of potassium*. Dr. Burford next stated that there was no known type of tumour which had not under more or less unusual conditions been known to disappear. He alluded to a case observed at the Hospital for Women where a case diagnosed as ovarian tumour had slowly diminished to a fractional part of its original size without the prescription of any remedy selected for this result. He pointed out that the conditions for absorption of pelvic tumours as derived from clinical data might be viewed as an ascending series, in which some malignant growths and broad ligament cysts were the opposite extreme members. He further demonstrated that each class of tumour has its own co-efficient of absorption, this being due to the differing complexity of its structure. Most tumours possessed an irreducible minimum, beyond which absorption could only rarely be carried; and the types were then generally defined in which remedial measures were respectively suitable and unfit. Dermoid tumours of the ovary were specially characterised by their stubborn resistance to therapeutics. The writer concluded by dwelling upon the speculative causes of tumour development, and urged the desirability in all suitable cases of striving after ampler remedial results.

Dr. Neatby, Dr. Pope, Dr. Dudgeon, Mr. Knox Shaw, Dr. Blake and Dr. Byres Moir took part in the discussion following the reading of the papers.

Dr. Edward Blake read a paper on *Ankle Strain*, in which he advanced Mr. Bland Sutton's views that the synovia of exertion is not the same as the synovia of rest, and that the fluid in the cavity of a joint after exertion is not produced by the pseudo-membrane which clothes the parietes of the articular space, but is the detritus of cartilage stroma and cells, crushed and ground down between the opposed articular surfaces. The paper was so full of suggestions that it is impossible to do justice to it in a condensed account. After mentioning several interesting and novel points in the physiology of the ankle joint, he discussed the effects of ankle-joint strain at the various stages of life, childhood, middle life and old age. The mechanism and pathology of strain were fully entered into and the paper concluded with a suggestive section of treatment.

The discussion that followed was taken part in by Mr. Knox Shaw, Dr. Dudgeon, Dr. Burford, Mr. Dudley Wright and Dr. Byres Moir.

NOTABILIA.

THE ANNUAL MEETING OF THE LONDON HOMŒOPATHIC HOSPITAL.

The Annual Meeting of the Governors, Donors and Subscribers of the Hospital, was held on the 7th ult., in the board room at the office, 35, Queen Square, under the presidency of Lord Wemyss, who fills this position in succession to Lord Ebury, and among those present were the Viscount Emlyn (treasurer), Mr. W. H. Trapmann (vice-treasurer), Lady Ebury, Miss J. Durning Smith, Mrs. Preston, Miss Notcutt, the Rev. Dacre Craven, Dr. Yeldham, Dr. Dudgeon, Dr. Carfrae, Captain Cundy, Dr. Byres Moir, Mr. Knox Shaw, Dr. Edwin A. Neatby, Mr. Dudley Wright, Mr. Robert Morton, Mr. A. R. Pite, Mr. Ralph Callard, and other supporters of the hospital.

The proceedings began with prayer, after which the Secretary (Mr. G. A. Cross) read the forty-fifth annual report, which showed that the past year had been one of exceptional activity, seeing the progress made in the erection of the new hospital premises in Great Ormond Street, the increase in the amount subscribed to the building fund, and that the number of in- and out-patients—11,872 in all—was the greatest ever recorded in the annals of the institution. With the exception of nursing receipts the income of the hospital maintained the general level of former years, the ordinary income having been £5,123, and the current expenditure £5,397. The promises and payments in connection with the new premises amount to £35,000, leaving £10,000 still to be obtained.

The chairman, in moving the adoption of the report, gracefully referred to the portrait of the late Lord Ebury, which Lady Ebury has presented to the hospital. He then announced the receipt of a letter from the Duchess of Teck, asking to be communicated with as to the date of the opening of the new building, when it is hoped the Duchess will be present. He drew attention to the regrettable decline in the nursing receipts during the past year, a deficit which caused the governors much anxiety in view of the fact that the new hospital would entail an increase in their annual expenditure of £2,000, and emphasised the necessity of homœopathic practitioners and lay friends generally availing themselves of this opportunity of supporting the funds of the institution.

He then went on to say: "Whatever people may think of its architectural features, on account of the ancient lights and angle of 45 degrees, there can be no doubt that it is an excellent and thoroughly modern hospital. The top has been put back 4 ft. Whatever other effect that has, it will diminish the

room 4 ft. all along the front, but as regards the inside, every possible thing that every faddist or doctor could wish we have endeavoured to secure. The doctors have had full swing, and when this hospital is completed it will be one of the most perfect hospitals that the faddist and sanitary experts can find anywhere. There is, as you know, at Eastbourne, an excellent Convalescent Home connected with the hospital. About 200 patients have passed through the Home during the last year, about 1,200 since its opening."

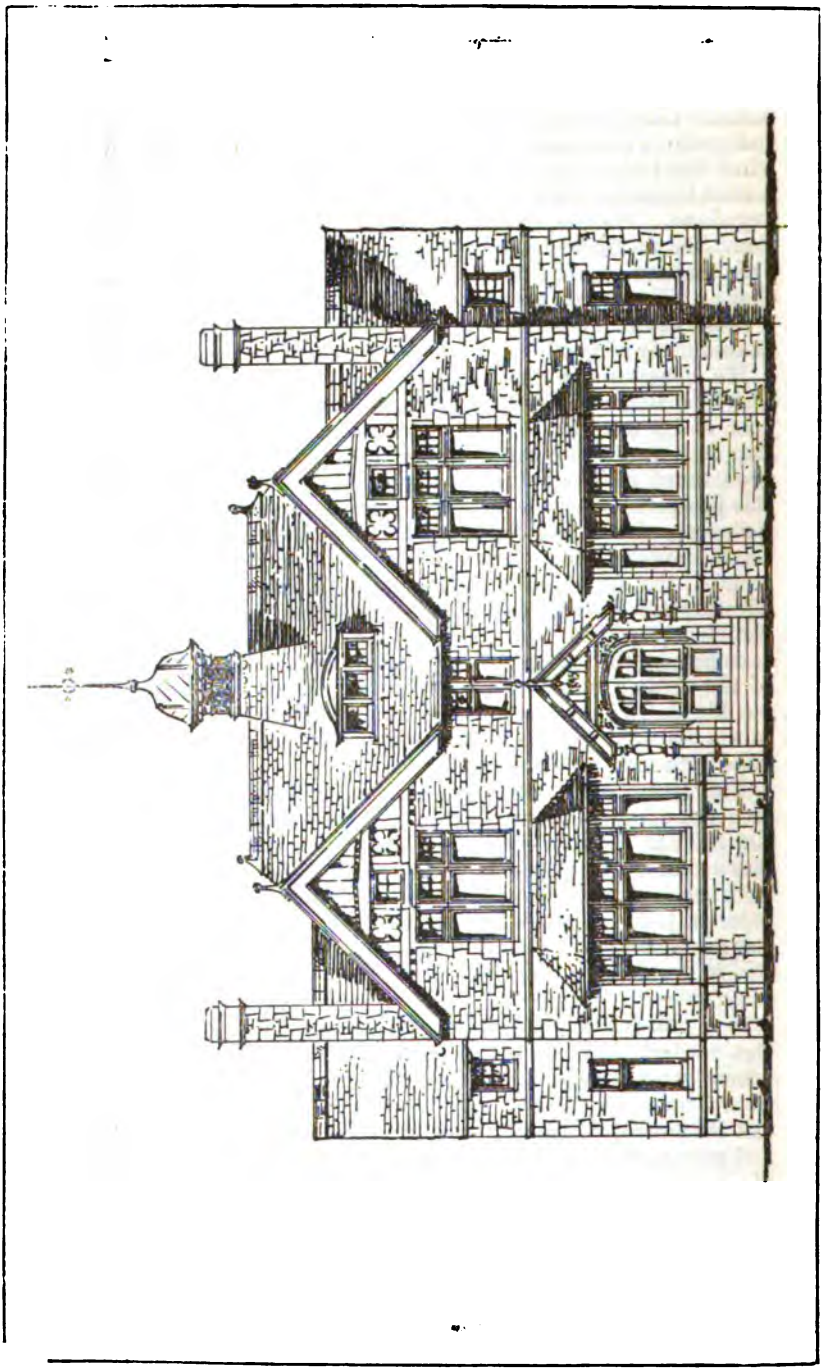
The report was seconded by Viscount Emlyn and unanimously adopted.

We congratulate the managers of the hospital on the activity displayed of recent years, and not least in the last year of its existence. The hearty and enthusiastic spirit manifest at the annual meeting was most gratifying, and a good omen for the future prosperity of the institution. Of this prosperity we have not the slightest doubt or fear. The temporary deficit will be cleared off we fully believe. We think, however, that those in authority would have better secured the sympathetic co-operation of the supporters in effecting this had they to some extent taken them into their confidence. We have no doubt that there are excellent reasons why the balance sheet again shows a deficit in spite of the limited number of beds in use. Were some of these frankly stated in place of an allusion being made to a change in the financial year in 1893, we cannot but feel that it would have been more satisfactory.

The Board of Management and the subscribers generally have our commiseration in the unfortunate change of plan of the front of the new hospital, whereby the most ornamental features of the building have been suppressed. This alteration, so greatly to the detriment of the appearance of the exterior, must be a disappointment to those interested, and has presumably only been made for unavoidable reasons, which will in due time be made public.

A NEW HOMŒOPATHIC HOSPITAL.

Our readers will be glad to learn that a scheme has been promulgated, with every prospect of being carried to a successful issue, for the erection of the Bromley Phillips' Memorial Homœopathic Hospital and Dispensary in a more suitable and permanent form, and the accompanying is an illustration of the proposed new buildings. They will contain a waiting hall, dispensary, matron's sitting-room, servants' hall, kitchen, &c., on the ground floor; and on the first floor a ward for female patients, with eight beds, and another for male patients, with six beds; a private ward, isolation room, matron's and



nurses' bedrooms, baths, linen rooms, w.c.'s, &c.; also a small operating room. The second floor will be devoted to servants' bedrooms, cistern, &c. In the grounds outside there will be a *post-mortem* room and ambulance shed. The design of the building is in a simple domestic style, red brick with stone dressings, the gables having the usual barge boards, and the roof tiled. The whole of the fittings, &c., are to be of the best and most approved kind, and suited to the requirements of a hospital. The honorary architect is Mr. Charles Bell, F.R.I.B.A., whose large experience in works of great magnitude specially qualify him for the work.

The Annual General Meeting was held at the hospital on the 25th February last, when a report of the successful manner in which the work of this institution has been carried on was read. The Committee have devoted a considerable amount of attention to the comparative merits of various sites which have been offered for the proposed new building, and have arrived at the conclusion that for the combined purposes of the home-visiting, the dispensary, and the treatment of in-patients, no more suitable and central position could be found than that of the present buildings.

The Committee have at present available close upon £1,300, obtained by donations and realisations on the property, and it is estimated that the total cost will amount to about £4,500. By this it will be seen that the scheme is only in its infancy. There is, however, a good prospect of its being carried out within a reasonable time, for progress hitherto has been rapid. Subscribers and friends feel that in no better way could they commemorate the noble and self-denying work of the late Dr. Phillips among the poor of this district than by undertaking and carrying to a successful issue the erection of a new hospital sufficient for all their requirements. We are glad to record our hearty sympathy with the proposal, and are sure it will have the good wishes of all friends of Homœopathy. Not only is it a pleasure to us, but it must also be a great strength to our cause to have such institutions springing up in different parts of the country, and thus, by principles and practice, disseminating the truths we have so much at heart.

BATH HOMŒOPATHIC HOSPITAL.

The annual meeting of the above institution was held at Bath on Monday, March 11th, Sir Edward Russell presiding.

The medical report showed a large increase in the out-patient department, the attendance there numbering 7,884. In the in-patient department 145 patients were admitted, and of these 95 were treated in the charitable wards (against

80 last year), and 51 in the paying wards, against 14 last year. The private wards for paying patients had proved of very great service to a large number of people.

The Committee called attention to the fact that the amount of support given was entirely inadequate to the needs of the charity, and they closed their finanacial year with a deficit of £248. As the work at this hospital so steadily increases, we are quite sure that it will receive from the public a larger measure of the support it so well deserves, and thus do away with the fear of its energies being crippled through want of funds.

The Honorary Medical Officers are Drs. Morgan, Percy Wilde and Wills.

EXETER HOMŒOPATHIC DISPENSARY.

The forty-fifth annual report of this institution, which has materially improved in the extent of its operations during the last three years, tells us that during the past year the total number of cases treated has been 636, showing an increase of 80 patients.

The number of consultations was 3,407, inclusive of 569 visits and consultations to patients unable to attend the dispensary.

The following paragraph from the report affords striking evidence of the appreciation in which the dispensary is held in Exeter:—

"The Committee of the Exeter Hospital Saturday Fund having sent a subscription of £10 10s., and a donation of £10 10s., were entitled to and received two hundred tickets. Towards the end of the year these tickets had all been made use of, and in response to letters received by your medical officer from the Chairman of Districts entrusted with their distribution, 45 additional tickets were granted, making a total of 245. The dispensers of the Saturday Fund recognising this, have been kind enough, in apportioning the collection just completed, to increase their contribution to £30, for which your committee tender their best thanks."

The Honorary Physician is Dr. Woodgates.

THE HAHNEMANN CONVALESCENT HOME AND DISPENSARY, BOURNEMOUTH.

We have just received the sixteenth annual report, and are pleased to notice the increased work which has been done during the past year. The in-patients have increased from 118 to 125; the patients treated at their own homes from 68 to 122. In the dispensary department the greatest advance

has been made, largely due to the interest and efforts of Dr. W. T. Ord, where the cases have increased from 584 to 681, and the number of attendances from 1,872 to 2,116.

During the closing months of the year steps have been taken to establish a branch dispensary at the East End, which will be worked by Dr. Ord and Dr. Pullar, and which promises great things, and where already the attendance in the first two months of 1895 has equalled that at the parent dispensary for the same period.

The institution has received a munificent donation of £1,500 to the Endowment Fund from Miss Richards, thus raising the Fund to the amount of £4,085.

The Honorary Medical Officers are:—Drs. Nankivell, Hardy, Frost, Ord, and Pullar.

THERAPEUTICS IN GERMANY.

In the course of an abstract of an interesting letter by Dr. Cowl, of New York, to the medical staff of the Metropolitan Hospital, Bay Island, New York, published in the *New York Medical Times* (February) describing the proceedings of the Society of German Naturalists and Physicians at Vienna, last September, we have the following account of the address of Professor Leyden, of Berlin, *On Clinical Instruction at Vienna*:—

"We might designate Leyden's address altogether as consummate, for after leaving Van Swieten he traced the course of therapy since the latter's time in a manner generally gratifying, neither retreating to the pessimism evinced, for instance, by Nothnagle at Halle in 1891, nor advancing to the effulgent optimism of Behring in the present revival of the doctrine of the humours. It is also notable that in contra-distinction to Krafft-Ebing, of Vienna, he disparaged hypnotism.

"The history of therapeutics during the past three decades was particularly given—the rise and fall of confidence in the active principles of drugs as represented by chemically pure alkaloids, the succeeding nihilism, the return to expectant medicine and the present position, in which other means than medicaments are scientifically recognised, together with the general conclusion that treatment continues to remain an art.

"The chief point of practical, as well as of scientific import in the address, was the virtual concession to the views of Hahnemann, which was contained in the emphasised statement that 'the mistake in therapy hitherto has been the treatment of the diseases instead of patients.'

"We can imagine Samuel Hahnemann delivering this sentence, for we can believe that were he still mortal and not sitting among the foremost chemists or clinicians he might well have occupied the speaker's place.

"That Hahnemannian practice was in mind in forming this expression we have little doubt. It is, indeed, not long since Goldscheider publicly eulogised the *Organon of the Art of Healing*. But Leyden confined his mention of names to those who, like Jenner and Pasteur, are chiefly known because of their successful discoveries with reference to the prophylaxis or treatment of some one single affection. Thus Jenner and Pasteur were honoured respecting smallpox and rabies. Tuberculin was coupled with a question mark; subcutaneous injections of thyroid extract for myxœdema advocated, and Behring's serum for diphtheria given an expression of hope. In conclusion, he held that medicine at the present day does not rest upon a certain system nor supply itself from a single source, but takes what is good, wherever it may be found.

"In comment upon this skilful and interesting representation of therapy from such a point of view, we cannot avoid the impression which every one conversant with the results of intelligent Hahnemannian treatment must feel on reviewing this meagre array of therapeutic means; this summation of recognised medical art at the end of the nineteenth century.

"The speaker has sounded, however, a warning note, and we may be sure that when the dominant school of medicine in Germany takes hold of *similia similibus curantur* it will be fathomed and founded with all the acumen and assiduity which its members have hitherto shown in chemistry, in anatomy, and in physiology and pathology."

AMERICAN INSTITUTE OF HOMŒOPATHY.

We have received a communication from the secretary of the American Institute of Homœopathy, stating that the annual Congress will take place in connection with this Society at Newport, Rhode Island, U.S.A., on Thursday, June 20th, at 8 o'clock. Many of the arrangements are already made, and all communications should be addressed to Dr. Eugene H. Porter, 181, West Seventy-Third Street, New York City.

STATUE OF HAHNEMANN.

The monument to Hahnemann, which our American colleagues have been arranging to erect on a centrally situated site in Washington, has now been decided upon. The sculptors of America were recently requested to compete for a

design. Models were sent in to the committee by twenty-three artists. These were exhibited in New York last month. Many of them proved to be unsuitable, but one, the work of Mr. Nichaus, not only satisfied the committee appointed by the Institute to carry out the object proposed, but also gained the highest commendation from the special committee appointed to examine all the models. It is regarded by a correspondent well qualified to express an opinion upon it as "a conception of a high order of merit." We hope to be able to arrange for an engraving of the proposed statue in an early number.

HOMŒOPATHIC PHYSICIANS NOT BARRED.

Surprising action was taken by the members of the Cleveland Medical Society at their meeting, February 8th, 1895. The society is a large one, having several hundred physcians in its membership, and it is in a highly flourishing condition. The members up to this time have been confined to the allopathic, or "regular" school. At this meeting a resolution was introduced making all legally recognised physicians, of whatever school, eligible to membership. The resolution was aimed especially at the homœopathic practitioners, however, the matter having been discussed in the society under various forms for some time. The objection was raised that a change in the constitution would be necessary, the word "regular" being used to limit the membership. A definition of the word was offered to the effect that it meant any physician who was a graduate of any recognised medical institution, and held the necessary diploma, and this was formally adopted as the meaning of the word. Then the resolution to admit all recognised practitioners to membership was offered, and adopted with but half a dozen negative votes.—*Hahnemannian Monthly.*

THE SURGEON-GENERAL OF NEW YORK STATE.

In our February number we mentioned the appointment, by the recently elected Governor of New York, of Dr. Terry, a well-known homœopathic physician and brilliant surgeon, residing in that State. The *New York Medical Times* informs us of the hearty and generous reception Dr. Terry has met with from his brother medical officers. The editor writes:—

"At the second annual meeting of the Association of the Medical Officers of the National Guard and Naval Militia of the State of New York, held in the armoury of the Tenth Battalion in Albany, on Wednesday, Surgeon-General Terry, by virtue of his office, succeeded ex-Surgeon-General Joseph

D. Bryant as President of the organisation, which was done by Dr. Terry responding to complimentary remarks made by Dr. Bryant, in which he spoke of the brilliant career of his predecessor, and as being the father of the organisation, and furthermore stated that although all could not be so renowned, yet he believed the work could be carried on by unity of effort and enthusiasm born of brotherhood and patriotism."

There is, it seems, a reverse to the medal; paltry indeed, but still showing that the feeling of brotherly love is limited to gentlemen. In another paragraph the editor says :—

"Several of our exchanges have noticed with comment a resolution adopted by the New York County Medical Association, December 17th, protesting against the appointment by Governor-elect Morton of a homœopathic practitioner to supersede Dr. Joseph D. Bryant in the position of Surgeon-General of the State.

"We in New York are so familiar with the impertinence of this society that we no more expect the professional decencies of gentlemen from its members than we do any other music but that of a bray from a jackass. It may be a comfort to our exchanges to know that this association is a little party of bigots, small in number and still smaller in influence and talent, who cut loose from the main body in 1892, when the split occurred on the code question, and still adhere to the old iron-bound code, while the great body of the school represented by the New York County Medical *Society* claim to be governed by no code but that of the gentleman. It was the New York County Medical Association, and not the New York County Medical Society, which was guilty of this impertinence."

THE TREATMENT OF INFLUENZA.

The Medical Times and Hospital Gazette makes the following deliverance on the very popular and at the same time anxious question :—

"The lay press lately have been indulging in various statements, more or less without authority, as to the ignorance of medical men concerning influenza, and especially in relation to its treatment; and their view of professional knowledge on this subject has, doubtless, been somewhat strengthened by the communication to the press of various opinions concerning influenza on the part of certain members of the profession, who have taken the somewhat unjust course of estimating the knowledge of their brethren by their own acquaintance with the subject. It is a matter of common knowledge that influenza is an

infectious disease, that it runs a definite course, that it is associated with more or less increase of body temperature according to the idiosyncrasy of each individual, and that, according to the same special predisposition, there are either thoracic, nervous, gastro-intestinal, or cardiac complications as prominent features of the disease. This very variety and protean aspect of influenza make it impossible to treat every patient by one drug, although this, in the opinion of our contemporaries, is a fact which proves the ignorance of the profession in the matter. We fear that our contemporaries have not yet realized that in modern medicine we are in the habit of treating the patient and not the disease, and therefore all argument with them upon the matter would be unavailing. On broad principles, however, it is taken as an accepted fact that influenza is a depressing disease, and, therefore, whatever form it may assume, it requires stimulant rather than depressant remedies. The most successful practitioners are those who have insisted upon their patients immediately going to bed and there remaining; upon their bed rooms being kept well ventilated and warm, and each case isolated so far as possible for the protection of his neighbours. Then careful nursing, and good nourishment is, if practicable, secured, and if the first sound of the heart seems to become dull, the administration of stimulants is immediately commenced, and, if necessary pushed. The use of antiseptics in the sick room, such as, for example, Condy's, or Jeyes' Fluid, has proved to be of much practical benefit, and the various sequelæ or complications of the disease are treated upon general principles. All this is common knowledge and practice. We do not know what more our contemporaries expect from the profession. It is quite certain that were it not for such careful and scientific treatment the mortality of the disease would be much greater than it already is."

In another part of the same journal, in order to show how modern medicine treats the patient and not the disease, and the sort of "stimulant rather than depressant remedies" that should be employed, the editor gives an extract from a paper by Dr. Plicque in the *Presse Médicale*. As far as regards medicinal treatment the following is that recommended by this French authority:—"Antipyrin 30 to 60 grains, tincture of aconite 10 to 30 drops per diem (in divided doses), quinine, and coffee. Antiseptic treatment to the nose, mouth and pharynx is important—boracic acid gargle, boracic vaseline to the nasal cavities, and great care of the mouth. This treatment does much to avoid complications and perhaps bronchopneumonia. For the spasmodic cough in thoracic complica-

tions he recommends: Tinct. belladonnæ, tinct. aconiti, tinct. droseræ, aa ♏ 80, tinct. myrrhæ ʒ ijss. 20 to 80 drops to be taken per diem."

If the lay press entertain the opinion of the knowledge possessed by medical men "concerning influenza, especially in relation to its treatment," which our contemporary attributes to it, and the quotation it makes from *La Presse Médicale* is to be deemed worthy of imitation, as to representing the best outcome of modern medicine, it appears to us that the lay press is decidedly correct in its estimate of what is supposed to be "professional knowledge!" Such a dry programme as that proposed by M. Plicque seems to us eminently calculated to secure the carrying out of the doctrine of the "survival of the fittest," and of the fittest only, rather than the recovery from influenza of the greatest number!

THE LOCAL GOVERNMENT BOARD AND INFLUENZA.

The Local Government Board have forwarded copies of the following memorandum, prepared by Dr. Thorne Thorne, their medical officer, to town clerks and clerks to district councils, with instructions that copies may be placed in the hands of medical officers of health:—

Influenza became epidemic in England in the winter of 1889-1890; it recurred in epidemic form in the spring of 1891, and was maintained up to June of that year; a third epidemic took place in the winter of 1891-1892, and after a minor recrudescence in the spring of 1893, a fifth prevalence on a wide scale took place in the winter of 1893-1894. England is now passing through a sixth epidemic period. Two detailed reports have been issued by the Board on the subject. The first was by Dr. Parsons, "On the Influenza Epidemic of 1889-1890," with an introduction by Sir George Buchanan, M.D., F.R.S., the Board's medical officer at that date.* The second was a "Further Report on Epidemic Influenza, 1889-1892," by Dr. Parsons, with papers on the clinical and pathological aspects of the disease, by Dr. Klein, F.R.S., and an introduction by myself.†

* Report on the Influenza Epidemic of 1889-90, by Dr. Parsons, with an Introduction by the Medical Officer of the Local Government Board. [C.—6387], pp. 324. Eyre and Spottiswoode, East Harding Street, E.C.

† Further Report and Papers on Epidemic Influenza, 1889-92, with an Introduction by the Medical Officer of the Local Government Board. [C.—7051], pp. 154. Eyre and Spottiswoode, East Harding Street, E.C.

A "Provisional Memorandum upon Precautions advisable at times when Epidemic Influenza threatens, or is prevalent," was also drawn up by me in January, 1892, and was issued by the Board to local sanitary authorities.

The further study made by the Medical Department as to the natural history of influenza, and as to its clinical and bacteriological characteristics, goes to show that it is a disease against which it is most difficult to apply measures of prevention with any substantial prospect of success.

Influenza is highly infective from person to person: its infectious quality is often manifested before the disease is fully recognised; its incubation period is one of the shortest of all infectious diseases; it varies so much in intensity that many cases are never diagnosed at all; one attack confers no marked immunity against another; and the infection is largely eliminated by means of the lungs, the sputa of the sick being invariably charged, during the acute stage of the disease, with its pathognomonic micro-organism. The disease calls primarily for measures of isolation and of disinfection, but there are difficulties in making any such measures universally applicable. Wherever they can be carried out, the following precautions should, however, be adopted:—

1st. The sick should be separated from the healthy. This is especially important in the case of first attacks in a locality or a household.

2nd. The sputa of the sick should, especially in the acute stage of the disease, be received into vessels containing disinfectants. Infected articles and rooms should be cleansed and disinfected.

3rd. When influenza threatens, unnecessary assemblages of persons should be avoided.

4th. Buildings and rooms in which many people necessarily congregate should be efficiently aërated and cleansed during the intervals of occupation.

It should be borne in mind that the liability to contract influenza, and also the danger of an attack, if contracted, are increased by depressing conditions, such as exposure to cold, and to fatigue, whether mental or physical. Attention should hence be paid at epidemic periods to all measures tending to the maintenance of health, such as the use of clothing of suitable warmth, and a sufficiency of wholesome food.

Persons who are attacked by influenza should at once seek rest, warmth, and medical treatment, and they should bear in mind that the risk of relapse, with dangerous complications, constitutes a chief danger of the disease.

R. Thorne Thorne.

Local Government Board, Medical Department,
March 6, 1895.

PREJUDICE DISAPPEARING.

The Cleveland Medical Society has created quite a stir by voting to admit to membership reputable and properly accredited physicians, no matter to which school of practice they may belong. This is a long step in advance; and, while it is likely to precipitate trouble between the local association and the American Medical Society, whose strong point is "etiquette," it is an example bound to be followed sooner or later in a general way. Liberty of consultation had already been allowed between the schools, a custom which is growing everywhere. It is seldom now, except where the lines are drawn with unusual strictness, that a physician of one school refuses to consult with one of another. The old rigid ideas on either side, of fixed theories of treatment to which everything must give way, are pretty well out of date.

The most successful practitioners are those who avail themselves freely of anything that may alleviate pain or cure disease, if it can prove its title clear, without bothering themselves from what source it comes, or whether it fits in or not with some theory of medicine evolved or laid down by somebody generations or centuries ago. The men who do most for their patients are men who have adopted the latest and most effective modes of treatment, wherever they are found. Both of the two great schools of practice are now firmly established in the community, and each has splendid triumphs of which to boast. The craft is too noble and the calling too high to perpetuate unworthy jealousies and trivial distinctions. It is impossible any longer to hold the medical profession to the narrow lines of past prejudice, and the example of the Cleveland Association will, no doubt, be followed by those who have been waiting only for some one with courage to make the first move. It will end in the relaxing of the rules of the American Medical Society, or in the formation of a new one with a more liberal creed.—*St. Paul's Pioneer Press.*

ARSENIC IN SARCOMA.

The following case, reported in the *Practitioner* (March), when studied in connection with Mr. Jonathan Hutchinson's observations of the action of *arsenic*, is very suggestive.

The case is taken from the *Semaine Médicale* (1894, p. ccxiv.). The patient was a girl of 23 years, from whom a sarcoma had twice been extirpated at the head of the left fibula. It was as large as a small apple, and the glands of the groin and axilla, on the same side, were swollen. The disease recurred, and as the patient declined amputation, Dr. A. Sauter superficially curetted the growth—which

proved to be a giant-celled sarcoma—and then prescribed *arsenious acid* $\frac{1}{25}$th of a grain in a pill; of these he gave up to ten daily. After nine months, the inguinal and axillary glands had greatly diminished in size, and the wound, now only one-half its original dimensions, presented but a few traces of neo-plastic growth. The patient no longer felt any pain in the leg, which she could now use without difficulty. After another curetting, and the continued use of *arsenious acid* for two years, a complete cure is reported. There were no more swollen glands, and the left knee joint (which had been generally swollen) presented an absolutely natural aspect, there being only a small bay cavity studded with granulations in the head of the fibula. Microscopic examination showed that the granulations contained no trace of sarcomatous tissue. Other cases of considerable improvement with this drug have been reported, so that the report of this cure, says the editor of *The Practitioner*, should at least encourage all practitioners to give *arsenic* a thorough trial in cases of sarcoma when operative treatment is not available; and, we would add, in those where it is available. The dose mentioned is, however, out of all proportion to therapeutic requirements.

PUZZLED BY THE 3x.

A CORRESPONDENT of the *Scarborough Post* informed the readers of that paper last week that "two pilules of arsenicum 3x, taken twice a day" was a good preventive-medicine in these influenza times. Whereupon in rushes "G. Sheldrake," who, we are told, is a retired chemist, to inform the public that "arsenic is a very dangerous poison, and should never be administered except under the supervision of a medical man. The 'two pilules of arsenicum 3x,' in plain English," he said, "meant four arsenic pills weighing 1¼ oz. each, which is exactly equal to two gross of the ordinary-sized pill—a very nice dose for one day. There is not a shadow of a doubt," he added, "that the prescription would prevent influenza, but an inquest would follow a few hours after taking the dose." Mr. Sheldrake evidently imagined the 3x meant 10 drachms.—*Chemist and Druggist*.

HERPES ZOSTER FROM ARSENIC.

DR. NEILSEN, of Copenhagen, reports that from 1864 to 1889, in the City Hospital of that city, 777 patients were treated for psoriasis, of whom 557 received arsenic for a longer or shorter period; of these ten were affected with herpes zoster, and only amongst those receiving arsenic. Four of these

were males, and six females; eight were from eight to twenty-two years of age, and two from forty to forty-six years old. Seven times the eruption was dorso-pectoral, twice dorso-abdominal, and once lumbo-femoral. The disease was always one-sided, and only a few times complicated by neuralgia. The eruption pursued the regular course of zoster, and does not recur even if the treatment be continued.—*Archiv Für Homœopathie*, No. 8, 1894.

SULPHUR A SUBSTITUTE FOR IODOFORM.

At a recent meeting of the Royal Medical and Chirugical Society, Mr. W. Arbuthnot Lane reported on the use of sulphur as a substitute for iodoform in dusting wounds. He began to try it because he lost a patient through iodoform poisoning, and found that it produced a powerful caustic action upon the living tissues, associated with the escape of what appeared to be sulphuretted hydrogen. Since then he had used it constantly for the treatment, not only of cases of tuberculous disease, which up to that time had resisted, too often successfully, every attempt of the surgeon, but also of disease resulting from the presence of the tissues of any form of organism. If the sulphur is placed in contact with recently incised healthy tissues, twenty-four hours suffice to render the parts sterile as far as organisms are concerned, and with surfaces poorly supplied with blood it may be left in contact advantageously for a considerably longer period. Sulphurous acid is not so good, because it is at once neutralised and its action brought to an end, while sulphur is more lasting.—*Chemist and Druggist.*

CANINE RABIES.

Considering the extraordinary, and mostly erroneous, ideas entertained by the lay mind on the subject of hydrophobia, it is much to be desired that the newspaper press of the world should give publicity to the following letter addressed by M. Pasteur to a lady who wrote to him for information respecting the symptoms of rabies: "M. Pasteur has had the pleasure of receiving your letter. The bite of a dog is only dangerous when the dog has got rabies. If there is any doubt in respect to this, the manner in which it may be found out is the following: Put the dog that has bitten where it can do no further harm. Have it examined by a "vet.," and if it has the rabies its characteristic symptoms will not be long of being observed, and the animal will certainly die in eight days. If at the end of that time no symptom of rabies has been observed, the bite cannot cause hydrophobia, and there is no reason that the animal should be destroyed."—*Medical Reprints.*

"ONE MAN, ONE JOB."

At the dinner of the Laryngological Society, in January, *The Practitioner* (February) tells us that Sir George Johnson related how he was once sent for to see a lady who had consulted him several times for some affection of the throat. He found that she was suffering from Bright's disease. When the husband was informed of his wife's condition, he at once sent for another physician, taking it for granted Sir George Johnson's knowledge did not extend to the kidneys. "The poor lady," writes the editor, "died in a few days of her renal complaint; having, possibly, fallen a victim to the absurd delusion that each man must have his own little 'allotment' in the human body."

ARISTOL.

Aristol, as a dressing for burns, is recommended by Professor Haas on account of its anæsthetic action, as well as for its antiseptic properties. The seat of the burn is washed with boracic lotion, the vesicles opened, and the burnt area covered with aristol gauze, over which sterilised cotton, gutta percha, and a bandage are applied. When the secretion has diminished, aristol can be dusted on, or applied in a 10 per cent. ointment.—*The Practitioner* (February).

ELECTRIC LIGHT A GOOD DISINFECTANT.

"The discovery has been made that the rays of the arc light have a decided therapeutic value (says *Science Siftings*), and that the naked arc, *i.e.*, without a glass globe, may be a very useful disinfecting agent in hospital wards and places where the rays can be projected directly on the organisms. Experiments were made in this way in the Paris sewers, with the result that considerable purifying action was noted. Anyone who has frequented arc light stations must have noticed the pleasant odour of ozone around them caused by the generation of the current. In some of Nikola Tesla's wonderful experiments with high tension currents a remarkable quantity of ozone is given off, and care has, in fact, to be exercised not to ozonise the air too much in this way. Sunlight is a great disinfectant and purifier, and, as electric light approximates to it, one can understand something of this power to arrest bacterial development and to sterilise sources of infection and corruption. While this is true of the arc light, which burns in the open air, the incandescent lamp has another distinct advantage over ordinary illuminants in the fact that there is no combustion going on inside it, and that it, therefore, does not consume the oxygen of the air and vitiate the atmosphere.

Both kinds of electric light—the arc and incandescent—can be used in giving patients a bath of light, with a result equivalent to a combined light and vapour bath. The skin is browned as if by sunburn, and the effect is described as most salutary. The light is used in this work in combination with a lens and reflector for localising the rays."

ANTIDOTES IN PHOSPHORUS POISONING.

Medical Reprints tells us that :—"One of the few remaining uses for which the permanganates had not previously been extolled has been tracked to them by Dr. Antal, who in the *Hospitals-Tidende*, recommends permanganate of potash as an efficient antidote to phosphorus. It oxidises the poison to phosphoric acid, which is comparatively harmless. It cannot be employed in concentrated solutions on account of its caustic properties, but he has observed from animal experiments that a 1 : 1,000 to 1 : 100 solution is easily tolerated. He administered a fatal dose of phosphorus to ten dogs; three were not treated by antidotes, but received irrigation of the stomach. The other seven were treated, without washing out of the stomach, with a pint of a 1½-2 : 1,000 solution of the permanganate and administered from a few minutes to two hours after; this dose of the antidote was repeated three or four times. All seven recovered and remained in good health. In human beings he would advise giving at once from a pint to a quart of a 2-4 : 1,000 solution and to repeat the antidote a few times at half-hour intervals. Hajnos has employed this method in two cases of phosphorus-poisoning in man, administering the antidote a half-hour after. Erdoes, two hours after the drug was swallowed in a very large quantity, gave every five minutes a wineglassful of a 1-2 : 1,000 solution until in all four quarts were drunk. At the same time an injection of apomorphine was given. The patient recovered."

Hitherto turpentine, especially such as has long been exposed to the air, and so become partially resinified and more highly oxygenated, has been regarded as the most efficient antidote. It forms a terebinthino-phosphorus acid with the phosphorus in the stomach, a product which is practically inert.

EPIDERMINE

Is another new local application recommended as a vehicle for the various drugs used in skin diseases, etc. It was introduced by Dr. Rothziegel, of Vienna, and is composed of water, [illegible]lycerine, and beeswax. It has the appearance of a semi[illegible]id, milky mass, and dries in the air. With iodoform in 10

to 20 per cent. strength, it has proven efficacious in burns, and with ichthyol in erysipelas and frost-bites, while with iodide of lead it has been found to act well in glandular inflammation and orchitis.—*Journ. des Mal. Cut.*, and *Medical Record.*

OBITUARY.

CHARLES CAULFIELD TUCKEY, B.A., M.B.

We much regret to announce the death of Dr. Tuckey, of Kew, who, having retired from practice for nearly 20 years, was but little known to the majority of the homœopathic practitioners of the present day, though very warmly esteemed by all who had the pleasure of his acquaintance, either during later years or during the period of his professional activity.

Charles Caulfield Tuckey was born at Lismore in 1812. His family came originally from the West of England during the reign of James I, and settled in the South of Ireland. His father dying while he was yet an infant he was brought up chiefly under the care of his grandfather, the Rev. Dr. Tuckey, Treasurer of Lismore Cathedral. He studied at Trinity College, Dublin, where he graduated in arts, and in 1841 in medicine. He had previously (1840) been admitted a licentiate of the Royal College of Surgeons of Ireland. After graduating he commenced practice at Castletownroche, where he held the post of dispensary surgeon.

It was here that he formed the acquaintance of the late Dr. Edward Phillips, then residing in Manchester, on an occasion of his visiting relatives in that part of Ireland. Dr. Phillips introduced the subject of homœopathy to him, and persuaded him to test it clinically in his Dispensary, giving him at the same time instructions how he might do so. The results being satisfactory, he felt desirous of knowing more; and, in order to have wider opportunities of seeing homœopathic practice, he for several months during 1851 filled the position of house-surgeon at the Homœopathic Hospital in Bloom Street, Manchester. On leaving this, he was induced to commence practice in Preston. Two years afterwards, a more promising field presented itself in Canterbury, to which he removed, and had there a considerable country practice for twenty-three years. He was held in the most affectionate regard by a large circle of warmly-attached patients and friends. In 1876 he determined on retiring from practice altogether; and, leaving the late Dr. Edward Flint as his successor, he removed to Kew, where he has since lived in rural retirement and in the enjoyment of very good health, with the exception of increasing deafness, until during the

severe weather about five or six weeks ago, a chill proved to be the initiatory symptom of a paralysis of the right side together with bronchitis. He sank rapidly, and uræmia setting in, he peacefully passed away, after a week's illness, on the 22nd of February, in his 84th year; and, by his special request, his body was cremated at Woking on the 25th of February.

Dr. Tuckey was twice married. His second wife survives him, two sons—one of whom, Dr. Lloyd Tuckey, of Green Street, is well known as an exponent of hypnotism, the other is in Holy Orders and a lecturer in the University of Durham—and two daughters. He was attended during his last illness by Dr. Burwood, of Ealing.

CORRESPONDENCE.

"THE LECTURER ON MATERIA MEDICA TO THE LONDON HOMŒOPATHIC HOSPITAL MEDICAL SCHOOL."

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The genial critic who reviewed the *British, Colonial, and Continental Homœopathic Directory*, 1895, in your March issue commits himself to this statement: "Another (gentleman) is designated Lecturer on Materia Medica to the London Homœopathic Hospital Medical School, *which never existed.*" The italics are mine.

In the *Homœopathic Review*, of May, 1883, p. 295, I find in a report of a joint meeting of subscribers to the London Homœopathic Hospital and to the London School of Homœopathy that the following two articles were carried:—

"1. That the title of the London School of Homœopathy be altered to that of the London Homœopathic Hospital Medical School, thereby reverting to the original title of the London Homœopathic Hospital and Medical School."

"2. The present lecturers to continue in office during 1883. Further lecturers to be elected by the subscribers to the school, subject to the confirmation of the Board of Management."

In the *Homœopathic World*, of September, 1884, p. 397, I find the following:—

"Dr. J. Compton Burnett has resigned the post of Lecturer on Materia Medica at the London Homœopathic Hospital Medical School," and in the November number of the same journal:—

"Dr. John H. Clarke, late co-editor of the *British Journal of Homœopathy*, has been appointed Lecturer on Materia Medica to the London Homœopathic Hospital Medical School, *vice* Dr. Compton Burnett resigned."

In this capacity I beg to say I have delivered, from time to time, a number of lectures at the Homœopathic Hospital. I have not, so far as I am aware, been relieved of my post by those who appointed me thereto, and it will require more than a papal bull to dispossess me, and to dissolve into eternal nothingness the London Homœopathic Hospital Medical School.

May I add that, in addition to the errors and omissions, real and imaginary, which in "rapidly going through it" your critic has found, the Directory contains an amount of useful information that has never before been got together. The Colonial part of the Directory is the most complete that has ever existed, and the Continental part is brought up to date. The list of British homœopathic chemists is also complete.—Your obedient Servant,

JOHN H. CLARKE,

Lecturer on Materia Medica to the L.H.H. Medical School.
30, Clarges Street, W., March 15th.

[We can only express our sincere regret to Dr. Clarke that we should have allowed such an important error to pass. Our review should have stated "The London School of Homœopathy not now existing," and "The London Homœopathic Hospital Medical School now in abeyance."—EDS. *M.H.R.*]

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

Lieut.-Gen. PHELPS has again addressed us in order to vindicate himself against some of the critical remarks which we appended to the letter from him appearing in our January number.

1. We stated that his description of Jenner as "slovenly" was "discreditable even to an opponent of vaccination." He justifies his epithet by appealing to Dr. Creighton, who, in his *Jenner and Vaccination* (1889), and in his *Cowpox and Vaccinal Syphilis*, describes him in terms which practically amount to "slovenly." This being the case, we add that we regard the criticism of both General Phelps and Dr. Creighton as "discreditable."

2. We referred to Professor Crookshank, not as not being an opponent of vaccination, but as not being an opponent "in the same sense as our correspondent and Mr. Biggs are." The note appended to question 12,414 in no way modifies his answer that "vaccination as generally practised does protect many *for a time*," save that by "as generally practised" he meant the use of "variola-vaccine."

3. It is complained, that we have asserted "that there is always a cicatrix left after a successful vaccination." To this our correspondent rejoins that the Commission have ascertained that "cicatrices wear out," and refers us to question 1828 and 1869 to prove this. The Report in which these questions appear is not available at the moment, and hence we are unable to examine the evidences upon which the con-

clusion is based. Possibly, indeed probably, cicatrices do wear off more or less, but it is in the highest degree improbable that they do so as much as to place them beyond recognition.

4. To our statement that only two vaccinated children under 10 were attacked by small-pox at Leicester, our correspondent replies that there were six. He gives the figures of those he considers as "vaccinated children under 10." We have examined the whole list once more. Evel. K., æt. 4, and E. B., 9 months (p. 138), and M. G., 8 (p. 147), are quoted by him. Neither child was vaccinated when attacked with small-pox, but all were so during the period of incubation. In each the disease aborted. To vaccinate after small-pox has begun to develope is not vaccinating as a prophylactic measure! At any rate, only anti-vaccinators are likely to think so. But for the purposes of anti-vaccinators' evidence, "time is no object"! A. M. S., æt. 7 (p. 140), and H. R., 8 (p. 152), were the two we referred to as "vaccinated children under 10." Our correspondent adds a sixth, "J. F., 10 (p. 155)." This case he has no right to reckon as "under 10," for he was 10 and over. But in him the disease aborted! So that vaccination may well be credited with having very considerably protected him.

The foregoing constitute all the points on which he wished to vindicate his accuracy, and having given and replied to them he must excuse our printing his letter *in extenso*. The correspondence is closed.

Communications have been received from Dr. GIBBS BLAKE, General PHELPS (Birmingham); Dr. ROBERSON DAY, Dr. LAMBERT, Mr. KNOX SHAW, Mr. DUDLEY WRIGHT, Mr. GERARD SMITH, Dr. J. H. CLARKE (London); Dr. OBD (Bournemouth); Dr. HAYWARD (Liverpool).

BOOKS RECEIVED.

Pathogenetic Materia Medica. The Medical Investigation Club. Baltimore: Boericke & Tafel.—*Accoucher's Emergency Manual.* N. A. Yingling, M.D., Ph. D. Bœricke & Tafel.—*The Homœopathic World.* March. London.—*Medical Reprints.* March. London.—*The Chemist and Druggist.* March. London.—*The Monthly Magazine of Pharmacy.* March. London.—*The North American Journal of Homœopathy.* March. New York.—*The Homœopathic Eye, Ear and Throat Journal.* February. New York.—*The Journal of Ophthalmology, Otology and Laryngology.* January. New York.—*The New York Medical Times.* March.—*The Medical Record.* February and March. New York.—*The Medical Times.* March. New York.—*The Pacific Coast Journal of Homœopathy.* February and March. New York.—*The Chironian.* March. New York.—*The New England Medical Gazette.* February. Boston.—*The Medical Advance.* February. Chicago.—*The Journal of Orificial Surgery.* February. Chicago.—*The Medical Century.* February and March. Chicago.—*The Hahnemannian Monthly.* March. Philadelphia.—*The Homœopathic Physician.* March. Philadelphia.—*The Homœopathic Recorder.* February. Philadelphia.—*The International Brief.* February. Philadelphia.—*The Southern Journal of Homœopathy.* January. Baltimore.—*The Homœopathic Envoy.* March. Lancaster, Pennsylvania.—*The Minneapolis Magazine.* March.—*The Daily Telegraph.* January. Sydney.—*The Denver Journal of Homœopathy.* February.—*Bulletin Général de Thérapeutique.* March. Paris.—*Populäre Zeitschrift für Homöopathie.* March. Leipzig.—*Rivista Omiopatica.* Rome.—*Homœopathisch Maandblad.* March.—*Archiv. für Homöopathie.* February. Dresden.—*The Speler.* January. Bath.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

:o:

HOMŒOPHOBIA.

After a lengthened period of abstinence from attacks upon homœopathy, and on medical men who acknowledge that, in their opinion, homœopathy is true, and constitutes a scientific basis upon which drugs can be and ought to be employed in order to promote the cure of disease, the *Lancet* of the 18th ult. publishes an editorial article of the type which Dr. Lowndes, of Liverpool, in writing to that periodical in 1881, regarding the 1851 resolutions of the Provincial Medical and Surgical Association, termed "archaic." Whether intentionally or in pure ignorance we, of course, know not, but homœopathy is, as usual, misrepresented, and those medical men who, as the late Dr. Bayes used to say, "have absorbed homœopathy into their practice," are, equally, as usual, traduced; not indeed in the coarse phraseology which characterised articles of similar import that appeared every few weeks during "the fifties," but quite as insolently.

The occasion which has given rise to this sudden outburst of pent up envy, hatred, and malice is the knowledge, which has come to the editorial sanctum, "that at least one of our metropolitan societies comprised some so-called 'homœopaths' amongst its members." The *Lancet* appears to regard the admission of a homœopath

to a general medical society, much in the same light as a member of the Manchester Medico-Ethical Society did a non-homœopath meeting a homœopath in consultation; when, on remonstrating with the late Mr. Roberton for having met the late Dr. Edward Phillips at the bedside of a relative, he said that meeting a homœopath in consultation "under any circumstances whatever, was, in a professional sense, to commit the unpardonable sin." Hence the *Lancet* at once entered upon an enquiry into the constitution of eighteen metropolitan and eighteen provincial medical societies, and received replies from sixteen of the former and fifteen of the latter. The first question proposed to the secretaries of these societies by the self-constituted medical censor of the Strand was: "whether any members of the medical profession who were avowedly homœopaths were members of the society?" It is to be regretted that the scope of this query did not include a desire to know how many of the members who were not "avowedly homœopaths" practised homœopathically; and how many there were who, like Dr. Lauder Brunton, believed that homœopathy was of "partial application." The answer to these additions would have been of great interest had it been possible to give them with any degree of accuracy. We are informed that the reply to the *Lancet* inquisitor was, "with only two exceptions," in the negative. The satisfaction which this result gave was, however, qualified, for though the majority answered in the direct manner, the rest did so "more cautiously, stating that they (*i.e.* the secretaries) 'are not aware' of any such members." The editor of the *Lancet* suggests that "it is within the bounds of possibility that a comparison between the various rolls of members and the names contained in the publication known as the *Homœopathic Directory*, would reveal some striking concordances even in the most select of these societies." Perhaps if such researches were extended to the published list of the members of the British Homœopathic Society, a few more "striking concordances" might be discovered. We certainly hope so. In two societies, both devoted to the same special line of study, we are told that "the presence of one or more homœopathic members is acknowledged." In one of these two societies it is stated that "two out of the three homœopathic members had offered papers for reading, but the council,

after discussion, declined to have them read." This is described as illustrating "the inconvenience attending the inclusion of homœopathic practitioners in the ranks of the society." How it illustrates anything of the kind we fail to see. All it shows is that the tabooed members have the opportunity of deriving what increase of knowledge such a society is permitted to afford without being exposed to the trouble of adding any contribution to it themselves. The council doubtless feared that the members in question would lay before the society such therapeutic facts as might induce some of the other members to put them to the test, and lead to experimentation with homœopathy, a course which a reviewer of SHARP'S *Essays in Medicine*, in the *Athenæum* forty years ago, said was sure to end in the experimenter adopting the delusion, as he thought proper to describe homœopathy. The "inconvenience" of the non-homœopathic members being therapeutically enlightened, or of their therapeutic power being increased by their homœopathic *confrères* is entirely in the hands of the council, and it seems that they have exhibited their power to restrict the out-put of therapeutic knowledge in their society!

The answers to the second question—"whether there was any rule or regulation with reference to the admission or exclusion of homœopaths"—must have been somewhat disquieting, for we are told that "only one of the London societies and three of the provincial have rules against the admission of homœopaths as members."

The regulation adopted by the metropolitan society referred to, the *Lancet* holds up as worthy of imitation by "older and larger bodies." We trust that it is too late in the day to revive restrictions of this kind on the freedom of expression of opinion in medicine, a form of restriction which alone determines that sectarianism which is so detrimental to the progress of science, so injurious to the development of art.

Men of infinitely greater claim to be listened to as guides than is the editor of the *Lancet* have spoken upon this question in a far higher tone, and have exhibited in its discussion a much more generous, more truly scientific spirit than ever distinguished the leading columns of that journal. Dr. BRISTOWE, for example, at the Ryde meeting of the British Medical Association in 1881 said:

"It has been held that to break down the barriers that at present separate us from homœopathists would be to allow the poison of quackery to leaven the mass of orthodox medicine. But who that has any trust in his profession, any scientific instinct, any faith in the ultimate triumph of truth, can entertain such fear? If false, as we believe it to be, its doom will be sealed when active antagonism and enforced isolation no longer raise it into fictitious importance. At any rate, breadth of view and liberality of conduct are the fitting characteristics of men of science." Again, the President on that occasion, Mr. BARROW, of Ryde, said that he "failed to see how a homœopath could be called a quack, or why he should be tabooed by the profession; cut off, as it were, from a position among medical men, forbidden to gather together with them, and prevented from discussing publicly his system, and hearing the contrary from those practising legitimate medicine. The benefit would be mutual, and these discussions would be of benefit to the public, and an additional proof to them that their weal was uppermost in our minds."

To quote one more opinion on this subject, and that the opinion of one who was among the most scientific thinkers in the profession—the late Dr. Ross of Manchester—after having referred to the trades-union-like action of the British Medical Association in their conduct towards homœopaths, Dr. Ross on one occasion wrote, "our present position will be rectified when it is understood that no man is excluded from our medical societies, and from professional intercourse generally, simply for the sake of his opinions."

In this desire to exclude medical believers in homœopathy from medical societies, we see—to use the words of the late Archbishop WHATELEY—"something of a testimony borne to it by its adversaries who *dare not* trust the cause to the decision of reason and experience, but resort to such expedients as might as ably be employed for a bad cause as a good one." We see also that (to apply the language we have quoted from Dr. BRISTOWE) were homœopathy in any way discussed in medical societies, or their present exclusively non-homœopathic members brought into contact with homœopathic members of the profession, a fear exists that homœopathy would "leaven the mass of orthodox medi-

cine"—whatever that may mean! Such a desire indicates, as suggested by Mr. BARROW, that, by those who entertain it, the weal of the public is not uppermost in their minds.

The views, then, of "men of light and leading" in the profession being thus directly opposed to those expressed by the editor of the *Lancet*, we have to consider the excuses offered by this would-be leader for his want of light and his absence of that "breadth of view and liberality of conduct" which Dr. BRISTOWE accurately described as "the fitting characteristics of men of science."

In the *first* place, we find homœopaths described as persons who, "having gained the necessary qualification to practise, enter upon their profession by repudiating the bases of its science, and adopt a name which affirms this openly." It is further alleged that "in a conference upon a question of any scientific interest there can be no common ground between the homœopath and the general body of the profession."

Then, *secondly*, it is asserted that "the practice of homœopathy in the strict sense, is as infinitesimal as its dosage." That "what the profession have to complain of, what they justly resent, and the ground upon which they are right to decline co-operation is, that in practising, as he is bound to do, in every department except the limited one of drug treatment, the homœopath follows the canons of medical and surgical practice as universally laid down. He calls himself a 'homœopath,' and may be he joins the staff of a 'homœopathic' hospital, but for all that is done in that hospital—or for the matter of that out of it too—the cognomen has no real meaning, except in so far as it deludes a public only too ready to be impressed by every fanciful medical theory."

In the first paragraph of this article we find ourselves charged, then, with having repudiated the bases of the science of medicine; while, in its concluding sentences, it is equally charged against us that, except in the limited department of drug treatment, we follow the canons of medical and surgical practice as universally laid down!

We know of no medical man who either now or at any former time, whether in practising homœopathically or in writing upon and endeavouring to expound homœopathy, has repudiated the bases of the science

of medicine. Neither does the writer of the *Lancet* article know of one either. The bases of the science of medicine are anatomy, chemistry, physiology, pathology and pharmacology. Upon these the art of medicine has been built up. It has been through the study of these branches of science that we have come to know as much as we do of the nature of disease, to be able to fix its seat, to have it in our power to look forward to its probable course, to indicate its tendency, whether towards recovery or death, and to suggest such measures, hygienic and medicinal, as may be most likely to bring about the former. We have not repudiated their bases of medical science, but on the contrary, we have done more than any other body of men in the profession to develop the basis of one of them, to wit, of pharmacology, and to render it practically available.

In what does pharmacology consist? It is "a knowledge of the mode of action of drugs upon the body generally, and upon its various parts" (LAUDER BRUNTON). Who first endeavoured to obtain knowledge of this kind? VON STOERCK in 1760, and HALLER somewhat later, both taught that the knowledge of the mode of action of drugs upon the body generally could be acquired only by experiments made with them upon the bodies of healthy people. Their experiments with *stramonium*, *hyoscyamus*, *aconite* and *cicuta* led to no practical result, neither did those of CRUMPE with *opium*, published in 1793. HAHNEMANN, between the years 1790 and 1796, followed their example, and made a collection of notes on the actions of drugs upon persons in health, as he found them recorded in the literature of medicine, and to them he added the results of a long series of experiments with a number of drugs upon the persons of himself and his friends. He was induced to enter upon these experiments, because, in the researches he had made, he saw the clue which would enable him to utilise them clinically. HALLER, VON STOERCK and CRUMPE had so far worked in vain, simply for the want of such a clue. They failed to make any impression upon therapeutics, just for the same reason that our modern pharmacologists fail to improve upon the current empirical treatment of disease. This reason was well and clearly expressed by a writer in the *British Medical Journal* (1884) in the following passage—"Unfortunately,

between the pharmacologist labouring to elucidate the mysteries of the subtle actions of drugs upon the complicated and intricate human organism, and the therapeutist struggling to apply these results to the successful treatment of disease, a wide and deep gulf has been fixed." HAHNEMANN's researches and experiments not only survived but endure to this hour, because they were rendered capable of being employed to the advantage of the sick by his having, at the same time, raised upon the foundations of these researches the bridge—SIMILIA SIMILIBUS CURENTUR—which spans this wide and deep gulf.

Thus, through HAHNEMANN, the foundations of the science of pharmacology were laid, and by HAHNEMANN we were taught how to utilise the knowledge that pharmacological teaching supplied. By some of the leaders of medical thought pharmacology is looked at somewhat askance; "interesting" and by all means to be "encouraged" are the kind of tepid phrases in which it is referred to, in which the work of LAUDER BRUNTON, RINGER, MURRELL, FRASER and others is received by Dr. WILKS, Dr. BRISTOWE and a few other similar men of prominence. Dr. BRISTOWE in his address at Ryde gave a very good reason for this belittling of pharmacology—the only real means of acquiring a knowledge of the action of drugs, be it observed—"We must admit," he said, "we must admit the truth of the homœopathic view of the relations between medicines and diseases before we can admit the special value of investigations conducted only on the healthy body." The more fully the modifications of health produced by drugs upon the body are known, the more clearly they are understood, the more distinctly will the conclusion of Dr. BRISTOWE be perceived.

The charge that homœopathists have repudiated the bases of medical science may therefore be dismissed as false, and untenable by any process of reasoning from facts.

Again, it is alleged that "in a conference upon a question of any scientific interest, there can be no common ground between the homœopath and the general body of the profession." This utterly absurd proposition the writer satisfactorily demolishes, when a few sentences further on he says that "except in the limited depart-

ment of drug treatment, the homœopath follows the canons of medical and surgical practice as universally laid down." Are there no questions of scientific interest except in "the limited department of drug treatment"? The question needs only to be stated to show the absurdity of the proposition. Then, we are told that "the practice of homœopathy, in the strict sense, is as infinitesimal as its dosage." We should much like to see the *Lancet's* definition of homœopathy in what it regards as the "strict sense." One of the latest descriptive definitions of homœopathy—we presume in the "strict sense"—was given by the editor of a rival medical journal—*The British Medical*—at the Pan-American Medical Congress in 1893. This was—in the strict sense—an elaborate and carefully studied misrepresentation. The mistake was, that there were many in the audience, who knew what homœopathy in the "strict sense" really was, and Mr. HART was accordingly laughed at by a large proportion of those who heard him, and by a considerable section of the medical general press of the United States.

There was, many years ago, an editor of the defunct *Medical Times and Gazette* who pretended that homœopathy, in the "strict sense," consisted in giving medicines in the form of globules, hence he called it "globulism." We have heard that he was exceedingly proud of having coined this word.

For our part, we have always regarded the treatment of disease by the selection of medicines in harmony with the law *similia similibus curentur* to be homœopathy in the "strict sense." The *Lancet* will perhaps say that we are wrong. Some years ago the *Practitioner*, in an attempt to exculpate Dr. SIDNEY RINGER from the charge of teaching practical homœopathy, after an empirical fashion, said, "it is unjust to style the administration of small doses of a drug for the treatment of symptoms which closely resemble those which the agent can itself excite when given in poisonous doses, homœopathy." So far is such a description of homœopathy from being unjust, that it is as concise an account of what is really meant by homœopathy by those who have studied it, and have successfully practised homœopathically, as any that we have ever met with. Dr. ANSTIE'S definition is indeed homœopathy in the "strict sense." It is the

homœopathy which all those who are termed homœopaths endeavour to practise.

Then, it is stated that the profession generally resent and decline co-operation with us, because "in every department, except the limited one of drug treatment, we follow the canons of medical and surgical practice as universally laid down." And why should we not? we would enquire. The question of homœopathy solely concerns what the *Lancet* writer terms the "limited department of drug treatment." The late Sir THOMAS WATSON, when he addressed the Clinical Society in 1868, did not regard the department of drug treatment as essentially a "limited" one, but as "the end and object of all our other labours." Again, so recently as ten days ago, Dr. GLOVER (*Lancet*, April 20), a less eminent, but still largely-experienced observer, described this so-called "limited department" as one "never more indispensable than now." It is "limited" only because the non-homœopathic section of the profession do not know distinctly what is "the action of drugs upon the bodily organs and functions." And, as Dr. BRISTOWE has said, unless physicians recognised "the homœopathic relations between drugs and diseases" such knowledge would be of very little use to them. Drug treatment, so far from being a limited department, is one of great significance; one which, when utilised by the light that HAHNEMANN has shed upon it, has often converted a serious attack of illness into one easily recovered from; one through which a patient apparently hopelessly ill has frequently been restored to health; one through which convalescence has oftentimes been abbreviated. It is only among those medical men who scorn to know anything of homœopathy that drug treatment is a limited department. In their hands, the more limited it is the better it is for their patients.

"He calls himself a 'homœopath'" says our censor, "and may be he joins the staff of a 'homœopathic' hospital; but for all that is done in that hospital—or for the matter of that out of it—the cognomen has no real meaning, except in so far as it deludes a public only too ready to be impressed by every fanciful medical theory." With this characteristic slander the article concludes.

The editor of the *Lancet* wishes to make his readers

believe that physicians who acknowledge the truth of homœopathy do not treat disease in "the limited department of drug treatment" homœopathically. The writer of the article, if he knows anything about the practice of individual members of the British Homœopathic Society, or of the members of the staff of the London Homœopathic Hospital, knows perfectly well that in making this statement he is endeavouring to disseminate one that is absolutely false.

Were it otherwise, their results would be no better than such as are secured by those who repudiate homœopathy; whereas, it is perfectly notorious, in the testimony of every medical man who has treated disease homœopathically, that, as compared with such as he has previously treated according to the traditions of the schools, life is more frequently saved, illness is shortened, and in a large number of cases, disease which otherwise could only be somewhat relieved, is perfectly cured.

When homœopathy was in its infancy, those who practised homœopathically were denoted lunatics; when its influence came to be felt by the profession at large, they were described as knaves and fools; now that its permeation throughout the profession is increasing, we are told that we do not practise homœopathy at all! This resembles, if it is not identical with, what the Americans term, "fooling all the time." If the editor of the *Lancet* expects this sort of nonsense to be accepted by its readers, he evidently believes in the credulity of the profession if he does not believe in anything else!

INFLAMMATION AND EMPYEMA OF THE ACCESSORY SINUSES OF THE NOSE.

By Dudley Wright, M.R.C.S. Eng., L.R.C.P. Lond.

Assistant Surgeon and Surgeon for Diseases of the Throat at the London Homœopathic Hospital.

Paper II.

Having mentioned the most important facts concerning the anatomy of the cavities in question, we may now turn to the consideration of the symptoms produced by their disease, and, with this end in view, we will discuss first—

Inflammation and Empyema of the Maxillary Sinus.

So far as my experience goes, it is not often that a case of acute inflammation of the maxillary sinus comes under treatment in its initial stages.

The complaint is usually made of a sense of distension and some throbbing pain in the affected side, together with pain and tenderness to pressure in the upper teeth, and the patient not uncommonly attributes this to simple neuralgia or toothache, or the effects of a bad cold in the head. Hence, the affection is often allowed to attain considerable intensity before medical advice is sought for.

When, however, the disease is well established, the subjective and objective signs are so characteristic and well-known, that I will not waste time by going into those details with which everyone is so well acquainted.

I would only remind my readers that the course which the disease takes, and the symptoms produced, greatly depend upon the patency or otherwise of the *ostium* of the antrum. If this be closed by swelling of the mucous membrane, or other causes, the illness will be acute, and usually accompanied by severe pain and much swelling of the tissues of the face, and the pus formed ultimately finds its way to the surface, and, unless relief be given, may burrow in the tissues and form an opening for itself in more than one spot. Thus, as before mentioned, it may rupture into the orbital cavity, and cause protrusion and displacement of the eye, or it may point in the infra-orbital region and simulate a lachrymal abscess, or in the mouth, or supra-alveolar region.

If, on the other hand, the natural opening of the antrum remains free, the pus will make its exit through this, and escape into the middle meatus of the nose beneath the overhanging border of the middle turbinate.

Most text-books will be found to lay stress upon this sign as one pathognomonic of suppuration within the antrum, but those who have had much to do with such cases know only too well that such is far from being the case. The pus from a frontal sinus empyema, or from the ethmoid cells, will, just as readily as that from the antrum, find its way to this spot, and I would, therefore, emphasize the point that no reliance can be placed upon this sign as diagnostic of suppuration in the antrum.

As regards other methods of diagnosis in these conditions, I have elsewhere* pointed out the value of the method of electric trans-illumination. I still believe, from more extended experience, that in this method we have a material aid in diagnosis; though I am inclined to think that more dependence can be placed upon negative than upon positive evidence thereby afforded. Thus, on two occasions, I have found a well-marked obscuration of the light on the side on which disease was suspected, but exploratory puncture failed to detect any pus. Another point which is of importance in connection with this method, is the fact that if the patient be made to close the eyes whilst the lamp is placed in the mouth, the light transmitted through the palate or lower orbital wall will be perceived by the patient only on the side which is free from disease.

Exploratory puncture of the antrum from the nasal wall has lately come into vogue, both as a method of diagnosis and of treatment. As a method of diagnosis it may be of value; but I cannot think that results will justify our considering it of much use for curative purposes. A long, slender trocar and canula are used, and the puncture is made in a direction backwards and outwards through the nasal wall of the antrum above the lower turbinate bone. The trocar is withdrawn, and a stream of fluid injected into the antrum through the canula, and by this means any pus contained within is washed out through the ostium into the nasal passage. I have not myself used this method on many occasions, but believe that in the hands of others it has proved useful.

As regards treatment, both in the case of the acute and chronic forms of the disease, the most obvious indication is to give relief to the pent up pus in the former case, and to afford an efficient exit for it in the latter, since the natural opening, as pointed out before, forms a very imperfect drain. In acute cases, where the abscess has pointed in a particular spot, an incision and washing out the cavity through this opening, and the establishment of a drain for a few days, usually quickly cures. In the initial stages, *aconite*, *belladonna* and *mercurius*,

* Electric trans-illumination in the diagnosis of empyema of the antrum.—*Hom. Hosp. Reports*, *vol. ii.*, *1893*.

all have their uses according to the well-known indications.

The more chronic cases, where the pus has for a long time flowed into the nasal channel, and has become offensive, are usually troublesome ones to deal with; and in spite of thorough drainage and careful medication, often persist for many months. I still make use of the same method of operating through the canine fossa as detailed in the paper above mentioned, and after having opened and cleared out the contents of the antrum, stuff the cavity with iodoform gauze, which should be renewed every day until the lining of the cavity appears to be getting into a healthy condition and the discharge loses its fœtid character.

The state of the mouth should receive careful atten tion, and decayed teeth which appear to be in connection with the antrum should be removed, and any others attended to, as an unhealthy condition of the oral mucous membrane undoubtedly helps to keep up a similar state of the accessory cavity.

In cases where an opening has been made, and the discharge continues in spite of treatment, it is necessary to wear some sort of permanent drainage tube.

The most convenient form, and one which I always have fitted up for the cases of this nature which I have to treat, is a plated tube affixed to a plate of gold or vulcanite, which is held in position by being attached to two of the neighbouring teeth. The tube should be fitted with a plug, which must only be removed for the purpose of cleansing the antrum. In cases where there are no teeth to which to fix the plate, a suction plate is necessary. If indiarubber drainage tubes are used, they should be provided with a flange, as they are apt to slip into the antrum. This occurred in one of my own cases, and it was with some difficulty removed. I would, therefore, advise that no form of tube be worn which is not securely fixed to prevent such an occurrence.

The cleansing of the antrum may be performed by simple syringing; but patients very soon learn to dispense with this, and to inject the lotion into the cavity, and out through the nose, by means of a sudden combined muscular action of the tongue and cheek. It will always be found better to frequently change the nature of the antiseptic lotion than to make use of any particular

kind for a long period. The occasional local use of strong nitrate of silver solution (40 gr. ad ʒ i) gently injected into the previously cleansed cavity and allowed to remain there for a few seconds, and then neutralised by a solution of common salt, is often of use in controlling prolonged suppuration; the application being repeated three or four times a week. The internal use of *argent. nit.* is also of use in these cases. *Silica* I have had no good results from, probably, I think, because there is rarely any actual bone disease in these cases. In *aurum mur.* I have some hope of finding a valuable remedy, as its beneficial action in other cases to be referred to is certainly marked.

I must, however, confess that so far as internal medication is concerned, I have not been satisfied with the results obtained. The usual remedies which in chronic suppuration of other parts of the mucous membrane are of undoubted value, do not seem to be of any signal service in this class of case, and I have often had better results from simple local treatment.

I would refer to one other matter of importance before leaving the subject of the maxillary sinus.

It is now generally recognised that a hypertrophied and granular condition of the mucous membrane of the nasal channel, and the presence of polypi springing from the neighbourhood of the ostium, are commonly the accompaniments of antral empyema. Whether they are the cause or effect is often difficult to decide, but their presence should always lead us to examine carefully for empyema, and, so long as this exists, we can hardly expect the other condition to disappear. Furthermore, it should be remembered that bilateral empyema is far from rare.

Affections of the Frontal Sinus.

Acute inflammation of the frontal sinus, secondary to an ordinary nasal catarrh, is by no means of uncommon occurrence; but this inflammation usually quickly subsides and leaves no trace behind.

On the other hand, it may occasionally persist and become chronic, in which case the pus, or muco-pus, as it becomes formed, finds an escape through the infundibuliform opening, if this remains free; or, if this exit should be obstructed, the matter becomes pent up, and gives rise to well marked and characteristic signs. Thus,

the sequence of events is somewhat similar to that which obtains in the case of the maxillary antrum, only the opening of the latter cavity is not placed in such a favourable condition for permitting free drainage as is that of the former.

As stated before, other conditions than uncomplicated nasal catarrh may bring about disease of the sinus. For instance, it may become invaded in the course of syphilitic, scrofulous, or tuberculous disease of the neighbouring parts, and foreign bodies in the nasal channel may also excite an inflammation of its mucous membrane. Likewise, a tumour growing in the cavity will set up a certain amount of inflammation, and conduce to suppuration.

The part played by hypertrophic states of the nasal mucosa, and by mucous polypi, in producing this complaint, is an important one. There can be no doubt that both these conditions existing near the infundibulum, may bring about the closure of that outlet of the sinus, which will lead to the accumulation of the mucus normally secreted; and, as is well known, the step from this to the formation of pus is an easy one. Moreover, such a diseased condition of the nasal mucous membrane is commonly associated with a similar state of that lining the frontal sinus, which, in itself, is sufficient to cause the secretion of pus.

Suppuration in the ethmoid cells may be either the cause or the result of frontal sinus empyema. The associated existence of the two complaints would appear to be a common occurrence. Thus, Zuckerkandle* states that in all his examinations on the cadaver he has never met with a single instance of uncomplicated disease of the frontal sinus. The experience of Jansen, whose article in Fränkel's *Archives*† is the latest, and probably the best monograph on the treatment of chronic suppuration in these cavities, seems to coincide with that of Zuckerkandle, for he says: "The bony lamellæ which separate them" (the ethmoidal cells) "from the frontal sinus are so thin that they can scarcely escape infection from a long standing purulent process in the latter cavity. In chronic empyema of the frontal sinus, therefore,

* Loc. cit.

† Fränkel's *Archive für Laryng. und Rhinol.* Vol. i., part 2, p. 135.

one must only expect in exceptional cases to find the ethmoidal cells intact, and this, leaving out of consideration a large number of cases in which the affection of the ethmoid is primary, and has induced a similar condition of the frontal sinus."

There can be no doubt, however, that in the early stage of the affection, before the process can be said to have become chronic, an isolated affection of the sinus is met with; but the readiness with which extension of this disease takes place to neighbouring parts, especially the ethmoid cells and its fellow of the other side, by means of the oftentimes excessively thin, and occasionally incomplete bony septum, should always be borne in mind.

(To be continued.)

ON THE ACTION OF SUPRA-RENAL EXTRACT ON THE HEART.

By Edward Blake, M.D.

The following notes of the influence exerted by ad-renal extract on the action of the heart and arteries, will be interesting to those who have read the excellent paper on Addison's disease, by Dr. Gibbs Blake, which appeared at page 174 of the *Review*.

George Oliver and Schäfer have carried on, in the Physiological Laboratory of University College, London, a very careful and complete series of experiments with the juice of the medullary portion of the supra-renal bodies of the calf, sheep, dog, cat, guinea-pig and man. Very minute quantities, for instance of .5 and 1 per cent. solutions, when injected into the vein of a dog or a rabbit, produce a very striking effect. An extract of the cortex, on the other hand, appears to exert no such influence.

A complete account of these experiments will be found in the *Proceedings of the Physiological Society* for the 10th of March, 1894, and in the current number of the present year. For the benefit of "the busy practitioner," I give a brief *résumé* of the results.

In a few seconds the following pronounced effects were observed:—

1. Extreme contraction of the arteries, which was shown to be of peripheral origin.

2. A remarkable and rapid rise of the arterial blood pressure, which took place in spite of powerful cardiac

inhibition, and which became further augmented when the vagi were cut.

3. Central vagus stimulation, so pronounced that the auricles came to a complete standstill for a time—although the ventricles continued to contract, but with a slow, independent rhythm.

4. Great acceleration and augmentation of the contraction of the auricles and ventricles after section of the vagi—the auricular augmentation being specially marked.

5. Respiration only slightly affected—becoming shallower.

Professor Schäfer and Dr. Oliver proceed to say:—

"We have shown that in Addison's disease, the adrenals may become totally devoid of the physiologically active material. If these bodies are to be regarded as eliminators of toxic materials, rather than as producers of materials which are of definite physiological value, then the toxic materials which they should remove or destroy might be expected, in cases where their function chanced to be in abeyance, to pass out by the kidneys. We have, however, found that an extract prepared from the urine in Addison's disease has precisely the same effect, when injected into a vein, as that of an extract prepared from normal urine. In fact, all the evidence we have obtained leads us to view the function of the supra-renal medulla as being secretory rather than destructive. The secreted product is probably of high physiological importance for maintaining the tonicity of the muscular tissues in general, and especially of the heart and arteries."

It is plain from the above that adrenal extract might prove to be a very valuable agent in helping us to cure bad cases of Bradycardia.

Dr. George Oliver has found it of service in some forms of albuminuria.

The experimenters obtained their material from Messrs. Willows, Francis and Butler. Messrs. Allshorn & Co., of 51, Edgware Road, are prepared to supply triturations of any required strength.

It would be most useful to others, if those who give this new remedy a trial would publish their results in these pages.

THE ARTIFICIAL PRODUCTION OF GRANULAR KIDNEY BY INJECTION OF DIPHTHERITIC TOXINE.

Translated by F. W. Giles, M.B., of Cannes.

During the prosecution of a series of researches into the action of the toxine of diphtheria, which we carried on in the laboratory of pathological physiology of the College of France, we met with anatomical changes of different kinds in the animals experimented on.

In two communications made to the Society of Biology (October 23rd, 1893, and April 18th, 1894) we called attention to ulcerative lesions of the stomach and to sclerosis of the nervous tissue of the spinal cord. These lesions were produced after a comparatively short period varying from a few days to two weeks.

Apropos of the lesions of the cord, we alluded in conclusion to experiments on a young monkey who, after surviving the early incidental affections, showed signs of paresis of the limbs, in addition to a tremor which was not without analogy to that of disseminated sclerosis. These symptoms made us think there might be changes in the spinal cord of this animal. They persisted till its death, which took place ten months after the two subcutaneous injections which it had received with an interval of a week between the two—3 cubic centimètres the first time and 1 cubic centimètre the second.

Death was caused by hæmorrhage from the nose and mouth, the exact source of which we could not determine.

The autopsy revealed very interesting naked-eye changes in the kidney and the heart, and with these only we shall deal at present. We insist very specially on the absence of any tuberculosis.

After the capsule had been without difficulty peeled off, both kidneys presented a granular condition of their whole surface. It seems useless to dwell on the coarser characteristics of these changes; suffice it to say that they resembled in every respect those which characterise the granular kidney in the interstitial nephritis of man.

The organ was cut with difficulty, and on the cut surface of the cortical substance the typical granulations

* By M. M. Enriquez and Hallion. *Bulletin Médical*, November 25th, 1894.

were again found. The medulla, of a darker colour than the cortex, presented a normal appearance. The bladder was distended by a large quantity of very clear urine, almost as colourless as water, and containing neither albumen nor sugar.

The heart was greatly hypertrophied; it weighed 18 grammes, the total weight of the monkey being about 1500 grammes, which gives a proportion of 1 to 84 instead of the normal 1 to 240. The hypertrophy was limited to the left ventricle, the wall of which on section had a thickness of about 6 millimètres, in marked contrast to the relatively thin right ventricular wall. This hypertrophy was not accompanied by any dilatation. The appearance of the endocardium, pericardium, and orifices was natural. Lastly—a detail which is not devoid of interest—the aorta, the pulmonary artery, and all the large vessels were free from all lesion.

Histological Examination of the Kidney.—The medulla is normal without trace of sclerosis. The cortex, on the contrary, is the seat of very considerable sclerosis. In every section made the sclerosed tissue was far in excess of the remains of the normal tissue. We shall refrain from describing in detail the alterations which we observed; they resemble in every respect those met with in the disease usually described under the name of chronic interstitial nephritis as it occurs in man. The sclerosed tissue presented the characters of adult tissue, being almost entirely deprived of nuclei. The glomeruli are almost all enclosed in the sclerosed areas, their capsules are much thickened. The glomerular tuft, also more or less sclerosed, almost always filled the whole cavity and seemed adherent to the capsule at many points. The convoluted tubes, included in the sclerosed masses, are extremely narrowed and hardly recognisable; their epithelium is small, cubical, and stains readily with carmine. Very small islets of unaffected tubes form the granulations visible to the naked eye: in these tubes, which are generally dilated, the epithelium though uneven and more or less altered in shape, presents its normal granular condition.

No cysts were found, and except for some insignificant fatty granulations osmic acid showed no trace of degeneration. We examined carefully the state of the vessels in sections made in various directions, and it is

a remarkable fact, on which we cannot lay too much stress, that all the vessels were unaffected, those of the large vascular arches as well as those of the cortex.

Histological Examination of the Heart.—This has shown us that the cardiac hypertrophy was due exclusively to the hypertrophy of the muscular substance; in none of the sections made in various parts of the organ was there a trace of sclerosis. The heart fibres themselves, when treated with osmic acid, showed no alteration whatever. Lastly, the arteries of the heart, like those of the kidneys, were unaltered. This result of the experimental subcutaneous injection of diphtheritic toxine suggests certain reflections.

Two points are of special interest from the histological point of view.

Firstly, the absence of arteritis and of peri-arteritis in a highly sclerosed kidney is a histological fact of the first importance. For it is well known that certain authorities regard a condition of chronic arteritis as necessary to the production of an interstitial nephritis in man: in our case there is a total absence of connection between the two kinds of lesion, which accords with what has long been taught by Monsieur Brault.

Secondly, it is of interest to notice that the considerable cardiac hypertrophy produced under the influence of renal sclerosis is confined exclusively, in this experimental case, as in clinical experience, to the left ventricle.

Moreover, in our case at any rate, in opposition to the opinions put forth by certain authors, this hypertrophy is pure and free from all trace of sclerosis. We have to do simply with a functional hypertrophy of the left ventricle, and not with a simultaneous sclerosis of kidney and heart constituting the so-called cardio-renal disease.

The experimental production of a chronic granular nephritis after injections of the diphtheritic toxine bears on the oft-debated problem of the unity or plurality of Bright's disease.

Till now, what we have learnt clinically or experimentally of the kidney lesions of diphtheria has pointed to acute lesions, diffused but affecting specially the epithelium of the convoluted tubes; the existence of a post-diphtheritic renal sclerosis had not yet been proved, albeit suspected by some authors. Our experiment leaves

no further room for doubt as to the close connection of cause and effect between diphtheritic poisoning and the lesions of the granular kidney. That renal sclerosis may follow an infection, was proved by Charrin's experiments in 1888. One of these, which has been often quoted, exactly recalls the results we have obtained. After repeated injections of a culture of the bacillus pyocyaneus he succeeded in producing the granular kidney in a rabbit and at the same time considerable hypertrophy of the left ventricle. These lesions were accompanied by amyloid degeneration. As in our experiment in which the renal sclerosis required ten months for its production, Charrin reminds us that, unlike the epithelial lesions or those of hæmorrhagic infarction, which followed the infection at once, the same lesion occurred late in his animals, when the microbes no longer existed in the tissues. The renal sclerosis was therefore produced by the pyocyanic toxine, as in our case by the diphtheritic. But here, perhaps, a reservation must be made. The sclerosis certainly is consecutive to the introduction of a certain quantity of toxine, but is it directly produced by the toxine or due to the permanent modifications of the fluids of the organism which the toxine itself provokes? In other words is it due to the toxine or the anti-toxin? This is a question of real interest, which we are not justified in answering one way or the other, and for the solution of which we propose to undertake fresh experiments.

In a footnote the authors add that while their article was in the press, Monsieur Roux had informed them that his observations led him to believe that these chronic kidney lesions are due to the toxine and not to the anti-toxin.

GLEANINGS FROM DISPENSARY PRACTICE.

By John McLachlan, M.D., B.Sc., F.R.C.S.

Case I.

R. N., a little girl, aged four, was brought to the dispensary last April. Her mother gave the following history: She had been suffering from an eruption (apparently eczema) on the back of her head and nape of neck; this, however, had been "cured" by an ointment As

this "cure" progressed the child seemed to fall into ill-health, and the parents became alarmed, especially the father, who had, somehow or other, a hazy notion that skin eruptions could be "driven in," and thus produce ill-health, or even cause death. The child looked ill, seemed low and desponding, and not at all like her usual self. The mother said her water, after being passed, turned "white and thick;" she also picked her fingers a good deal, but this might have been from nervousness." I was unable to obtain any further information.

Rightly or wrongly I came to the conclusion that the child was suffering from a *suppressed "psoric" eruption*, and gave her a single dose of *sulph.* 200. In about 24 hours the skin was covered with a copious, dark-red eruption (the mother was unable to give me its exact characters) and for two days the child seemed to be at the point of death, being apparently unconscious, and at times delirious. I first saw the child on a Wednesday, and on Friday (my next dispensary day) the mother came to the dispensary to ask me to go and see her, but fortunately I had to be out of town that day. I say *fortunately*, because in all probability had I seen the child then I should have been tempted to antidote my previous prescription, or perhaps to give another medicine, and might thus have spoiled the whole case. Not finding me, the mother simply watched the child, the next day she began to recover, and in less than a week was as bright as ever.

To treat a "diseased skin" successfully, *and safely*, we must treat the body that has produced it; the skin eruption is merely an effect, the outward and visible sign of an internal dynamic derangement. A perfectly healthy body must possess a perfectly healthy skin, and a diseased skin cannot possibly exist upon a perfectly healthy body; there is a very wide difference between a disease *of* the skin, and a disease *on* the skin. I doubt if the former can exist, *per se*. In the treatment of skin diseases, just as in other diseases, the "totality of the symptoms" must be our guide, and that includes *everything that can be learned by every sense we possess about the patient and his disease*, not only subjective symptoms, but objective as well, together with its cause and all that can be known of its pathology and pathological anatomy so far as these can aid us in effecting a *cure*.

CASE II.—*Alopecia Areata.*

W. C., aged 11, was brought to the dispensary last August, suffering from the above complaint. He was said to suffer from "worms," his appetite was capricious, and after meals he suffered from a hardness and fulness in the region of the stomach. The bald patches were in the usual position, and of the usual appearance; there were several large patches behind the ears and on the occiput. They were circular, sharply circumscribed, perfectly bald, of ivory-whiteness, smooth and shiny like a billiard ball. The skin had the usual white, shining, atrophic appearance.

In this case the subjective symptoms were very meagre, so that one had to trust almost entirely to the objective. In vol. i. of the *Medical Counsellor* (1879), Dr. H. N. Guernsey, writing about *tinea decalvans*, says: "When the denuded part or parts of the scalp present the appearance of *clearness*, *whiteness* and *smoothness*, *phos.* will pretty certainly be indicated by all the other symptoms, when a very few doses of this remedy in the 19 m. will be sufficient to set up such an action as to cure the patient and restore the hair as in health." Not having the above attenuation, I gave the boy one dose of the 100 m. In the course of three weeks there were distinct signs of a growth of hair on the bald patches, and by the end of two months it was almost impossible to make out the position of the patches, they being completely covered with a good growth of hair.

There are two theories as to the immediate origin of this disease:—

1. It is believed to be due to some *nerve disturbance*, leading to atrophy of the roots of the hair and sometimes of the skin.

2. The old idea was that the disease was due to a parasitic fungus (the *Microsporon Audouini*). This idea has now for the most part been given up, as the so-called contagious cases were probably cases of ringworm.

Does the fact that *phosphorus* cures this disease lend support to its probable origin in a "nerve disturbance"?

To be sure the amount of *phosphorus* present could not be looked upon as a *massive* dose, nor could it in any way act as a "nerve-tonic" according to old school ideas of the term. At the same time it should be remembered that what is wanted in such cases is not to supply the

material (*phosphorus*) to the patient, but to give him the *power* to take up, or assimilate, the material already present, in a comparatively large quantity, in ordinary every-day food—in the form of *phosphates*. The same is true in regard to many other important medicinal agents, as *iron*, *lime*, *sulphur*, &c.

Case III.

Mrs. W., a young married woman, came to the dispensary complaining that there was "something wrong at the back." She said she wanted to go to stool frequently, but that when she went she could do nothing, and the pain in the "back passage" was like knives cutting backwards and forwards, or upwards and downwards, together with a good deal of pricking; the motion when passed was covered with slime.

From the symptoms I concluded that there must be some inflammation at the lower end of the rectum. Thinking it most likely to be a case of inflamed piles, I gave her a powder of *acon.* 30, to take in frequent doses, and another of *nux vom.* 30, for use in the same way, after the *aconite*, should the ineffectual urging and pain still continue, and made a note in the book to keep *æsculus* in mind. In two days she returned worse than ever, the pain being so great that she could scarcely sit, and only in such a way as to take all pressure off the lower end of the bowel. I now asked her to let me examine the part, as it must be something different from what I thought. There were no piles to be seen, and very little of anything else, except a slight swelling in the region of each ischio-rectal fossa. This swelling was red, excessively tender to touch, and on straining a round mass seemed to project downwards. The case was one therefore of a circumscribed inflammatory swelling outside the bowel in the ischio-rectal fossa; though both sides were affected, yet one side was worse than the other. As this had been going on for some time, I was rather doubtful if it would be possible to prevent suppuration, and subsequent fistula, as she did not look at all strong, and there was some reason to believe that she had contracted gonorrhœa from her husband. I now gave her a powder of *bell.* 200, to dissolve in water and take in frequent doses, and another of *hepar* 200 (as I rather suspected the time for

bell. had gone past) to use in the same way should the *bell.* prove ineffectual. I also told her to go home and rest in bed till the severe pain subsided. I called to see her two days later, when she told me that the second powder (*hepar*) was the one that eased the pain, and three days later she told me the swelling and pain had entirely disappeared and the bowels could now be moved without discomfort.

Case IV.

Mrs. R., aged 50, came to see me in the beginning of last August. She said that for the last three years she has suffered from "floodings" every monthly period. She looked very anæmic, and had all the usual signs of that condition; she suffered also from "chronic bronchitis." The blood she said was bright red, and came in gushes, with backache and bearing down in the "back-passage" beforehand. Whites, resembling white of egg, came first, then red mucus, and then the blood. Taking account of her anæmic appearance, and its cause, I gave her a powder of *china* 30, to dissolve in water, a dose three times a day; I also gave her a powder of *ipecac.* 1 m. to dissolve and take in frequent sips should the floodings return. Two weeks later the report was that the bleeding had returned and that the powder for the bleeding had no effect. I repeated the *china*, and in two days she was feeling better. I now gave her a powder of *secale* 30, and heard no more about her for three months, when she told me that ever since she took the powder (*secale*) she had been much better, the monthlies being less often and not lasting so long; in fact, so far as they were concerned, she considered herself well. That is now seven months ago, and the improvement still continues. At the same time, had she not stopped coming so soon, I should most likely have repeated the *secale* in the same or a higher potency, once a month. I gave the *secale* on Dr. H. N. Guernsey's recommendation, that it is "particularly applicable to thin, scrawny cachectic women."

That *ergot* has a specific (homœopathic) action on the uterus there can be no reasonable doubt. Its power over that organ is not merely due to its action on non-striped muscle, since it acts in doses far too small to produce forcible contraction of the muscular fibres. It is this

specific, or dynamic action, that makes *ergot* at times so dangerous in the hands of allopaths. Allen, in his *Handbook*, says: "During labour or uterine hæmorrhages it should be used with great discretion; it is extremely dangerous when there is albuminuria, for it is liable to bring on convulsions; if used too freely during labour it is extremely apt to cause puerperal metritis." It is more than probable that it plays an important part in the production of many cases of puerperal eclampsia, of post-partum hæmorrhage, of puerperal metritis, and probably most cases of after-pains. I have not had a single case of "after-pains," either in primipara or multipara, since I stopped its use, and used the 30th potency of *arnica* instead.

Oxford.

(To be continued.)

KOLPO-HYSTERECTOMY.

By Edwin A. Neatby, M.D.,

Assistant Physician for Diseases of Women to the London Homœopathic Hospital.

As recently as fifteen years ago extirpation of the uterus and its appendages by the vaginal route was practically unknown. It had, indeed, been practised in England as long ago as 1828, but had found no place in the recognised operations of surgery in this country, in America, or on the continent of Europe.

German surgeons, with their enormous cliniques and state-supported hospitals, were the first to revive the operation and take the necessary steps to perfect its *technique* and improve its results. The names of Sänger and Schroeder are amongst the pioneers; while Olshausen, Martin, Billroth, and others, have all recorded good work subsequently.

Although German surgery can claim priority, French and English operators followed hard on the track. It is, however, to French genius that we owe most of the present popularity and position of the operation, and its extended and extending sphere of usefulness. In no country did the operation receive more determined opposition, and nowhere has it, after so severe a struggle, triumphed so signally.

Introduced into France by Démons, of Bordeaux, and by Péan, in Paris (1882), it was quickly taken up by Segond, Pozzi, Richelot, Terrier and Bouilly. In most cases the operation was originally done for cancer of the uterus. After a chequered career between 1885 and 1888, during which the indications for the operation were ill-defined and the details of the procedure uncertain and defective, it appeared to receive its death-blow in a great discussion at the Société de Chirurgie, in October, 1888. At this meeting the testimony opposed to the operation overwhelmed that of its supporters. Various speakers adduced a mortality varying from 50 to 100 per cent. The discussion was closed by a Presidential address from Verneuil, in which, with apparently good reason, he spoke of "the sombre prognosis of the great operation," and of the disappointments it had caused.

After this, Richelot returned for a time to supra-vaginal amputation of the cervix, but his results were so little encouraging that he shortly recommenced the complete operation, and from 1889 or 1890 has continued with ever-increasing success.

In this country there was never such strong opposition, and the course has been altogether less striking. Individual speakers at meetings have disapproved or "damned with faint praise"; none have spoken more strongly than Knowsley Thornton. But most men have contented themselves with recording facts; these have become more and more satisfactory, and in this country, as abroad, the operation has established for itself a recognised place. In connection with its history, the names most prominently met with are Purcell, Japp-Sinclair, Bowreman-Jessett, Lewers and W. A. Duncan. As early as 1885 the last-named brought a paper on the subject before the Obstetrical Society. Even at this date, though the mortality was large, it compared extremely favourably with that of abdominal hysterectomy—Freund's operation—the percentage being 28 and 72 respectively.

The name of Jacobs, of Brussels, even in so brief a summary as this, must not be passed over unnoticed. He is certainly one of the most brilliant and successful advocates of kolpo-hysterectomy.

In America, as elsewhere, the operation has spread, and it is now used for a wide variety of conditions. Pratt's modification is already known to most of the readers of the *Review*.

There are certain anatomical considerations to which brief reference is necessary before proceeding to the description of the operation. The anterior wall of the vagina is from 2 in. to 2½ in. in length, and immediately in contact with the lower part of it, to the extent of 1¼—1½ in., is the urethra, the position of which should be defined by introducing a sound. From the base of the bladder, however, the vagina and cervix are separated by a cellular interval, which is opened during the operation.

The position of the vesico-uterine fold of peritoneum and of the recto-uterine pouch (Douglas) extending lower down than the anterior fold is well shown in Figure I.

Fig. 1. *Heitzmann* in Hart and Barbour.

By far the most important structure in relation to vaginal hysterectomy is the ureter. Its pelvic relations only need to be noticed. At the brim it lies close to the bifurcation of the common iliac, and descends behind the peritoneum almost to the ischial spine in a direction downwards, outwards and backwards, crossing the uterine artery near its origin from the internal iliac. A change in its direction then takes place, and it passes forwards and inwards along the base of the broad ligaments and in the folds of the posterior vesical ligament to the bladder. At the level of the external os it is crossed by the uterine artery and lies against the vaginal wall and the cervix uteri. Just before entering the bladder it lies laterally between the anterior vaginal wall and the bladder in the cellular area alluded to. The lowest level to which the ureters reach is about the middle of the anterior vaginal wall. This description will be more easily followed if Figure II. is consulted.

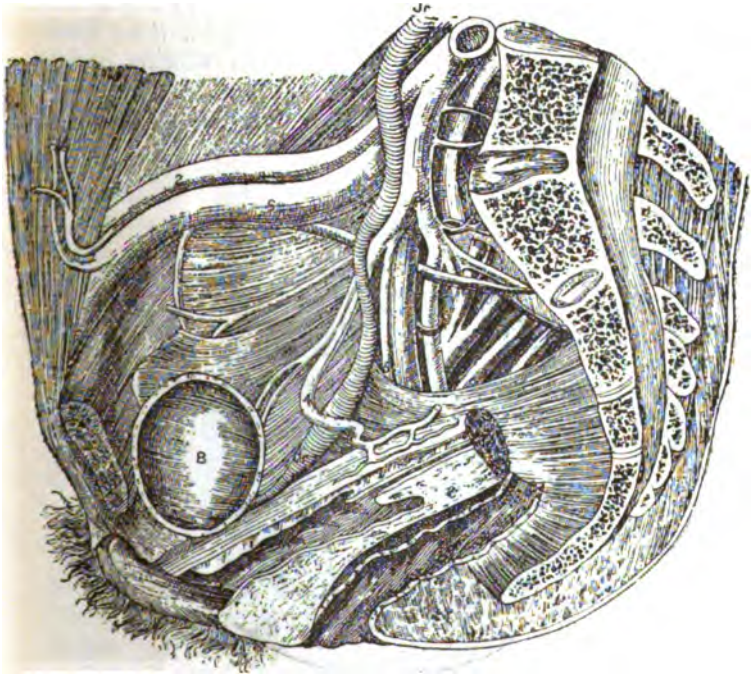
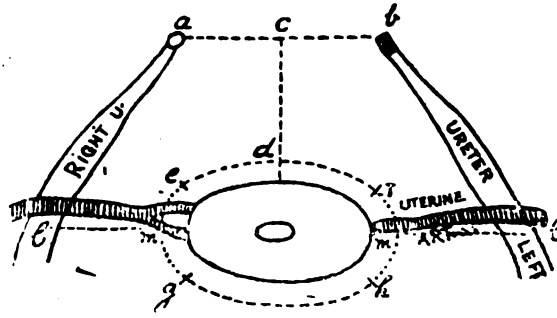


Fig. II. C. Cervix. 4. Uterine artery. Ur. Ureter. (*Holt*, from Hart and Babour.

Figure III. is based upon measurements taken by Lewers,* from whose book the diagram is adapted with

Fig III



alterations. *A* and *b* are the orifices of the ureters, the distance between the two being from 1 to 2 in.; *c d* represents the distance from this line (*a b*) to the cervix —¾ in. to 1 in. The ureter lies about ¾ in. (*l m*) away from the cervix on the diagram; the uterine artery is represented crossing it.

Figure IV. shews the relations from another point of view. C.C. are the ureters.

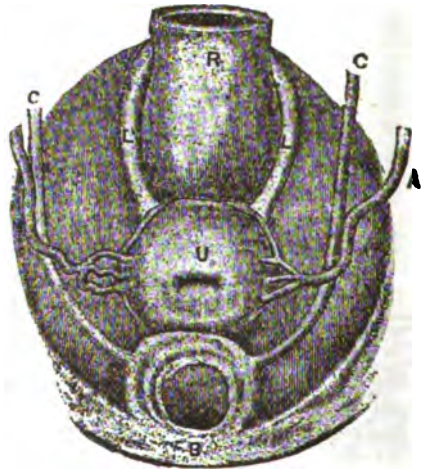


Fig. IV. (*Polk*, from Wood's Gynæcology).

* *A practical Text Book of Diseases of Women.* London, 1893.

The Operation.—As regards diet and regimen, patients are prepared as for an abdominal section several days before operation. A light, unstimulating diet is given, including very little nitrogenous material. The bowels must act daily, and a sufficient quantity of bland fluid should be given to flush the kidneys freely. The final enema should be given five or six hours before the operation, in order that all the contents of the bowel may be expelled beforehand.

More than usual care must be taken to render the genital tract aseptic. Hot douches of perchloride of mercury (1 in 1,000) or of iodine (3 ij. of tincture to a pint of water) should be given three times a day. If there is a purulent discharge from the uterus, a preliminary curetting, followed by antiseptic application to the uterine cavity, will greatly lessen the risks of the operation. The same is true if a malignant growth is at an ulcerative stage. In the latter case it is often useful to lightly pack the uterus with 10 per cent. iodoform gauze, and to close the os with a stitch or two. Any irritating secretions are thus absorbed or retained. Immediately before commencing operation, the vagina and vulva (and the uterus if not closed as above) are thoroughly cleansed with a 1 in 500 solution of sublimate. The patient is placed in lithotomy position, and retained by Clover's crutch or by manual assistance.

The instruments used vary with the operators. Every man works best with the tools he is accustomed to. The following is a list of those most generally used:—Sims' or Neugebauer's speculum, retractors, hooks and vulsella of various sizes, pressure forceps, large and small, Jessett's or other clamp forceps, scalpel, blunt-pointed curved scissors, long catch forceps or sponge holders, uterine and bladder sounds, aneurism needle, Jessett's needle, ordinary needles, sutures and ligatures, glass drainage tube, winged catheter, gauze dressings.

An assistant stands at each side of the patient facing the operator, ready to sponge, hold instruments, etc. After thoroughly cleansing the parts, the cervix is exposed by means of a Sims' or other speculum, and traction is made upon the uterus by a vulsellum, to bring it as low as possible.

A sound must be first passed into the bladder to determine exactly and minutely its relation to the

uterus; it may be left *in situ*. It may also be of subsequent use to measure the length of the uterine canal by the sound.

An incision is next made through the mucous membrane covering the cervix, at least ¼ in. away from the disease if it be a case of carcinoma. The lines of the incision are shewn in Figure III.; the broken lines *e f* and *g h* should be made first, with the scissors or scalpel. It is useful to leave the lateral incision until later, especially if the shape of the cervix be distorted by disease; the presence of the undisturbed mucous membrane serves as a useful guide to the position of the uterine artery at a later stage. After the incisions *e f* and *g h* are made, forceps are placed on these flaps of vaginal mucous membrane, and the connective tissue above these incisions, behind and in front of the cervix, is separated from that body. If the tissue around is healthy, there is a cellular area around the cervix which is easily entered with the finger. If adhesions have taken place it is better to do little with the finger and to use the blunt scissors, carefully keeping the points in close contact with the uterus. The bladder may easily be torn at this stage if the finger is used with any force to free the cervix; scissors used in the way mentioned are safer than much teasing with the finger. The feel of the tissues is sometimes so changed by disease that it may be a help to insert the finger into the uterus, an assistant keeping up gentle traction with a vulsellum, in order to ascertain that the points of the scissors are actually pressing upon the front of the cervix as they snip their way upwards. Some operators follow up the progress of the scissors with a retractor (Péan's or Segond's) to give a better view and to protect adjacent structures such as bladder and rectum. When the cervix is free in front and behind as far as the level of the internal os the first stage of the operation is concluded.

The second stage begins by passing the first finger and thumb of the left hand through the right extremities *e* and *g* of the incisions and recognising the uterine artery which should be felt pulsating between them. The remaining strip of the mucous membrane *e g* should now be divided and an aneurism needle, armed with a ligature (No. 3 Chinese twisted silk is strong enough), must be passed round the artery which is to be ligatured

about ¼ in. away from the uterus, leaving room to divide the artery. To lessen the loss of blood it is better to place a pressure forceps also on the artery close to the uterus and to divide between ligature and forceps. Owing to the freedom of the anastomosis the distal end of the uterine artery may bleed profusely if this is omitted.

The same process repeated on the left side completes the second stage. If the uterine artery is found to have divided into two branches, the ligatures should, of course, pass round both.

Stage three: the hold of the vulsella on the uterus may be readjusted, if necessary, the uterus being grasped higher up. That organ, if movable, will now descend considerably, and must be drawn well to the front by an assistant. The posterior retractor is removed to give more space for the fingers, and the vagina is widely dilated laterally by the retractors to admit light. (If a good direct light is not available, an electric lamp held over the abdomen of the patient and reflected by a frontal mirror is of great help.)

The finger is passed into the posterior wound and continues to free the uterus, or to guide the scissors in their work of separation. Here, again, the points must be closely applied to the uterus. By this means the peritoneum will be opened and the finger will find itself free in the pouch of Douglas. The opening in the peritoneum is now enlarged, and, if necessary, a second finger is passed in the cavity and over the uterine fundus. The scissors are next applied to the anterior wound, and the anterior *cul de sac* is opened on the fingers and the opening enlarged transversely. If the uterus is not abnormally large or abnormally adherent, it is now possible easily to retroflex or anteflex the uterus through the opening made. If the uterus is large or adherent it may be necessary to remove it piecemeal, by morcellation as it is termed. Figure V. shows this in process of accomplishment. If the intestines show themselves and manifest any tendency to prolapse, a sponge with a string attached is introduced to keep them back. Jessett's needle, threaded with No. 5 silk, is now passed through the anterior opening, the thread being brought out behind, and one side—

say the right—is now surrounded by the ligature. Before tightening the ligature the broad ligament is

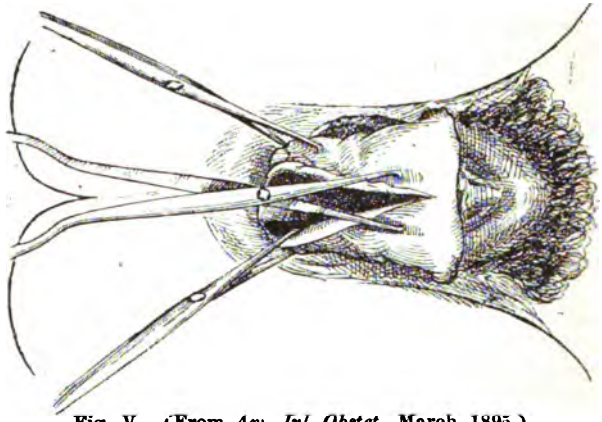


Fig. V. (From *Am. Jnl. Obstet.*, March, 1895.)

carefully examined for the ureter; when it is found to be absent the ordinary reef knot is tied. A forceps may now be placed on the uterine side, and the broad ligament may be divided off. Or before division the opposite side may be tied off in the same way. Figure VI. shows one side divided off and the forceps applied to the other.

English operators prefer the ligature, but the clamp is more largely used on the Continent. These instruments are allowed to remain on for 48 hours. In favour of the clamp is the additional rapidity with which the operation is completed, and it is said that their presence facilitates drainage. Against the clamps is the fact of their discomfort to the patient, and, still more important—that they sometimes cause sloughing of the tissue within their grasp, and so induce sepsis.

Some operators use a glass drainage tube (Tait's or Keith's); others use none, simply packing the vagina with antiseptic gauze. If the peritoneal wound is closed by sutures, a drainage tube is necessary, but the gauze is a sufficient drain if sutures are not introduced.

Before packing with gauze, the vagina and pelvis must be thoroughly washed out with plain sterilized hot water. The wound closes rapidly, and in two days, or less, the peritoneal cavity is shut off. The first dressing

may be removed in two days, an antiseptic douche being administered, and the dressing replaced.

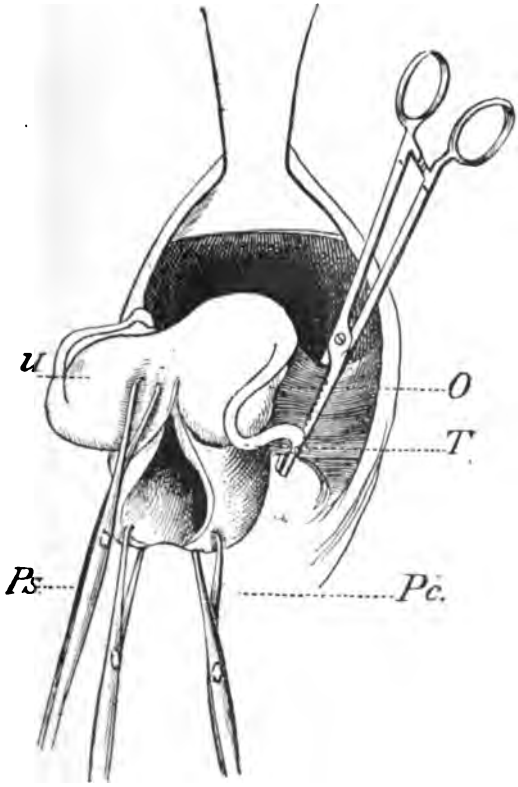


Fig. VI. (From *Am. Jnl. Obstet.* March, 1895.)

The after treatment of the case is very much that of an abdominal section. As a rule, the patient rallies more quickly, and nourishment may be given earlier by the mouth.

In a future paper I hope to refer to the accidents occurring in connection with the operation, and to their management; to the class of cases for which it is used, and the features indicating suitability for operation; and to the results.

CLINICAL AND THERAPEUTIC NOTES OF RECENT CASES.*

Collected by W. Theophilus Ord, M.R.C.S., L.R.C.P .Lond.

Bath Homœopathic Dispensary.

Selected cases from Dr. Mackechnie's Notes.

Mammary Tumour.—*Bryonia* and *Lachesis*.

Mrs. J., aged 39, rather neurotic and hypochondriacal. For some months she has suffered from chronic diarrhœa, with tenesmus, stools being light-coloured, loose, and four or five per diem. After several remedies had been tried with little effect, this yielded to *veratrum album*. Previous to the diarrhœa, patient had noticed a hard swelling in her left breast, with some aching rather below than in the breast. This tumour seemed to improve at first, but when the diarrhœa ceased it became larger and more painful, aching especially at night. The breast was swollen and tender, the tumour being probably an adenoma, hard and movable. There is no retraction of nipple or enlargement of axillary glands. Ordered *bryonia* 3. In a month she returned, breast was improving, she found it was more painful when she used her arm. Repeat *bryonia*. Two weeks later this was changed to *pulsatilla* on account of some subsidiary symptoms, perhaps induced by cold. These were relieved, but in a few weeks breast again became painful and swollen as before. *Bryonia* again ordered for two weeks. By this time the pain and swelling had greatly decreased, though the tumour remained much as before. She now complained of constant and very distressing flushes and heats. *Lachesis* ordered. From this time there was steady improvement in all respects, in a month the tumour had lessened considerably in size, there was no longer pain. *Lachesis* was continued, and presently changed to *ignatia*. Four months after commencing *lachesis*, no trace of tumour could be felt, though there were occasional darts of pain in breast.

The patient attended at intervals for two years or more after this, and no return of tumour had occurred when last seen. There had been occasional pains in the heart, and elsewhere, accompanied by dyspnœa and

* Contributions are invited for this department. They should be addressed to Dr. Ord, Bournemouth.

restlessness, which were relieved by *cimicifuga* usually, though sometimes *belladonna* or *ignatia* proved helpful.

Adenitis.—*Rhus Tox.*

Sarah L., aged 14, had for long been troubled by enlarged and often painful cervical glands. She has now pain in axillary glands also, and they are swollen. She is well in other respects, appetite good and bowels regular. Ordered *rhus tox.* In a few days the pain and swelling disappeared, and she considered herself well. Eighteen days after her first attendance she returned with a renewal of pain and swelling in glands (probably from cold?) and with sore nostrils. *Rhus tox.* was repeated, she soon reported herself well, swellings had gone, and patient did not return.

Psoriasis.—*Cuprum.*

Kathleen S., aged 10, a school girl, had for two years suffered from psoriasis. There were patches on elbow and knee, the latter being in a ring. They were covered with dry crusts, and the usual pink areolæ surrounded them. Her bowels were regular and general health good. Ordered *cuprum metallicum.* In a week there was improvement, the patches were losing their areolæ, one or two had come off, and were not being renewed. Continue *cuprum.* Next week there was still further progress effected, but some swelling and tenderness of cervical glands had appeared. For this *rhus tox.* was ordered every night, a dose of *cuprum* every morning. Next time the glands were normal, and the psoriasis nearly well. *Cuprum* continued alone. The following week—a month from commencing treatment—she was cured, no patches now to be seen.

Herpes Labialis.—*Rhus Tox.*

Frederick S., aged 12, school boy. A vesicular eruption had appeared at the angle of the mouth and on the chin, there was much itching. Previously he had suffered from a general eruption, with much itching, probably urticaria, but not now visible. His appetite was bad, but tongue moderately clean. Ordered *rhus tox.* In a week he was better, though tongue was less clean. Next week eruption had nearly gone, tongue was clean. The following week he was well in all respects and *rhus* was discontinued.

Herpes Zoster.—*Rhus Tox.*

Elizabeth B., aged 4½. She had several patches of herpes on the chest, at level of the axilla, on the left side. Child was poorly, had had no appetite some days, was unable to attend school. Bowels normal, no other symptoms were obtainable. Given *rhus tox.* In a week was much better and had returned to school. Next week herpes was cured, and beyond a few boils on the scapular region, for which *sulphur* was prescribed, she remained well and did not return.

Lichen.—*Sulphur.*

Lucy P., aged 48, a dressmaker, had suffered for a fortnight from an eruption of fine papulæ all over the body, which caused distressing itching when warm in bed at night. On the nape of neck was a small patch where the papules were confluent. She suffered from pain in region of back, worse on exertion. Bowels confined, the stools consisting of dark scybalous masses. Urine natural. Ordered *sulphur.* In a week she was better, and next week rash had gone, bowels were regular, and she considered herself cured. There has been no return.

Eczema of Face.—*Sulphur.*

Alice D., aged 19, a dressmaker. An eczematous patch has recently appeared on her right cheek, which is disfiguring and distresses patient. It is circumscribed, there is no inflammation, and but little oozing or itching. She is healthy and all the functions are normal. *Sulphur* 3x ordered *ter in die.* In a week there was obvious improvement. The week following, all trace of the eczema had disappeared.

Pleurodynia.—*Cimicifuga.*

Sarah H., aged 49, housewife. She complained of constant pain in the left flank and cardiac region. It was aggravated by movement. There was great tenderness on pressure. Heart's action good, no valvular lesion. She suffered from great restlessness and slept badly. The bowels were alternately relaxed and confined. Urine copious and pale, but normal. Ordered *cimicifuga.* In a week the side was better, bowels acted regularly, she felt quieter, urine still very copious. *Ignatia* ϕ ordered. Next week she was well and has not returned.

Bronchial Catarrh.—*Bryonia.*

Joseph B., aged 64, a fish hawker. For a month has had severe cough at all times during the day. There is frothy expectoration. The cough is violent, shaking him and causing distressing shocks in his head. The tongue is much furred, bowels regular and urine healthy. Ordered *bryonia*. In a week he was much better, expectoration now white and thicker. To continue medicine. Next week reported cured.

Hysteria in a man.—*Ignatia.*

John R., aged 38, a carter, thinks he has heart disease. He complains of nearly constant pain in region of heart, worse on exertion. There is dyspnœa on movement, worse ascending. He has flatulence, but bowels are regular, though appetite is bad. Urine is pale and copious, tongue dryish, sleep variable. He has a large chest, deep and regular respiration, good percussion note. Auscultation shows nothing abnormal, no valvular lesions, though perhaps the heart's action is rather weak. Ordered *ignatia*. In a week he reported "much better." Next week there was some pain in chest wall on movement, for which a few doses of *bryonia* were given, the *ignatia* being continued. The third week he was well and has not returned.

Two Cases of Dysmenorrhœa.—*Nux Vom.* and *Sepia.*

Reported by Edwin A. Neatby, M.D.

1. Miss C., æt. 19, had suffered from pain at the period for three years. She came for advice in May, 1893. Menstruation, occasionally premature, was somewhat profuse and lasted one week, the hæmorrhage was bright and in the early part clotted. The pain was in the hypogastrium only, and began one day before the flow, lasting 48 hours in all. While present it varies in intensity. While the pain is present there are waves of nausea, but no vomiting.

Apart from the period patient had sharp dyspeptic pains one or two hours after food, the tongue was indented, she had sour taste after food, and in the morning the tongue was coated at the back. She was of an irritable disposition, dark and slightly sallow complexion, and her irritability was worse at the monthly time

She suffered from leucorrhœa, causing irritation worse when warm.

She had headaches on the vertex and left side of head, worse in the morning and better in the open air. For medicine she received *nux vomica* 30, three drops night and morning.

After several painless periods, she returned in October and November for præcordial pain, worse on going up stairs, and for dyspnœa. There was no cardiac disturbance. The abdomen was somewhat tender to the touch. There had been one painful period. Patient again received *nux vomica*, which was followed by *sulphur*, on account of increase of leucorrhœa. Both that and the pain disappeared.

2. Mrs. D., æt. 40, of dark complexion and spare build, came for dysmenorrhœa in October, 1893. Menstruation was moderate and regular; the pain was severe, sacral aching beginning one day before the flow and lasting two days in all. She had had four children, the last four-and-a-half years previously. There was "bearing down" pain (much worse at the period). leucorrhœa worse from fatigue, but no protrusion; no frequency of micturition. On vaginal examination, a lacerated perinæum was found, the uterus easily prolapsed on straining, and was retroflexed. In addition to these local symptoms, patient complained of shortness of breath, pain in left chest and dry cough, worse in the cold air and after washing. For three months she took *sepia* 30 and 200 and the pain at the period disappeared. The bearing-down continued, however, and was only removed by repairing the perinæum, after which she could walk, stand and do her work easily.

REVIEWS.

The Medical Annual and Practitioners' Index: A Work of Reference for Medical Practitioners. Thirteenth year, 1895. Bristol: John Wright and Co.

The present issue of this valuable annual is compiled on the same lines as formerly. A first section consists of abstracts from medical literature on drugs either newly introduced or which have been placed to some new use. It is impossible for any one medical man to read all the therapeutic communi-

cations with which the various journals of the world teem. Here the cream of them is presented to the readers, and full references enable him to trace the original articles. That such a synopsis as is here presented is of extreme value no one will dispute. Whether read over as a text book to store in the mind for future use, or searched with reference to some particular case or subject, profit and satisfaction are likely to reward the reader.

The same general appreciative remarks apply to the second part of the work, entitled "New Treatment" as opposed to "New Remedies." This title is hardly adequate, for these pages contain much of diagnosis, and pathology, &c. We have no doubt that any classification of the information therein contained would present some disadvantages—the elementary alphabetical one is here adopted. If the writers of the book were much given to reading it afterwards we think they would, even at the risk of a few failures, do something to modify this over-simple method. Side by side we find eczema, empyema (nasal), encephalitis, endometritis, and enteric fever. Such mixtures as this are, of course, common throughout. Few readers, if any, wish to learn the latest medical news on all these subjects at once. For want of a better, the classification of the College of Physicians might be followed, as far as its antiquated nomenclature permits.

To do justice to the *Medical Annual* would be to quote it *in extenso*. This being impossible, we hope to return to the subject in another issue and comment on some of the valuable matter found in its pages. If in the meantime our readers have made this unnecessary by reading the book for themselves, we shall be well pleased.

An American Text-book of Gynecology, Medical and Surgical, for Practitioners and Students, by various Authors. Edited J. M. Baldy, M.D. With 360 illustrations in text, and 37 coloured and half-tone plates. London: F. J. Rebman, 1894.

It is not of much use to the reader to see on the title page an array of names such as is here found — including Byford, Baldy, Howard Kelly, and the late Wm. Goodell, for there are no means of connecting the article with the writer. It is absolutely unlikely that all the writers have agreed upon what is to be said in each article so as to give the work any real homogeneity.

Dr. Baldy may well be proud of his imposing volume of over 700 imperial octavo pages. One of the first features

which strikes us is the extremely practical nature of the articles; they are strictly clinical without being burdened by long details of cases.

The second feature—perhaps the feature of the book—is the unusual number and quality of the illustrations. All of these are good, most of them both original and useful; especially some of the anatomical pictures and diagrams. It is, perhaps, possible to overdo this kind of thing, and a smile is raised at an elaborate picture of the operator carefully washing his hands. There can be no doubt, however, that words are often saved by a good illustration, and that the appeal to the eye by a picture is more readily responded to than by a page of letter-press. The execution of these illustrations is exceptionally good in most cases, though some of the half-tones might be clearer. This is, however, mostly true of unimportant illustrations.

We may refer to the chapter on malignant diseases of the external genitals as an example of a good practical paper. More care is bestowed on the symptoms, progress, and treatment, of these disorders than we have seen elsewhere. Indeed, we gather that they are much more common in America than in this country, where they are decidedly rare.

Under this heading Lupus receives no mention.

The work has been so short a time in our possession that we cannot enter into details respecting its various articles. Those we have read are all good, though we do not necessarily endorse all that is said. The chapter on vaginal hysterectomy is good; here the author believes in more sutures than English surgeons use; he agrees, however, with them in preferring, on the whole, the use of ligatures to that of clamps.

The Trendelenburg position is much lauded and is much more thoroughly carried out than we have seen it in this country; here two good pictures save words.

We should join issue with the author who states that abdominal section is the only available operation in pelvic inflammation whether pus is present or not. This is certainly not the opinion of most of his colleagues, or of continental (European) operators, who frequently use "the vaginal route." Three tiers of sutures are advised for closure of the abdominal incision. The most recent English utterances do not support this plan.

We must conclude our notice with the citation of a short passage with which we cordially agree.

Referring to Alexander's operation the author says that the cases suited for it "must be exceedingly rare, for if a retro-

posed uterus is put into a healthy condition, the pelvic floor restored, and the organ supported for some months, its ligaments will regain their tone and require no shortening."

Baldy's *Gynæcology* will be a useful and handsome addition to the library of any man interested in diseases of women, and is more interesting reading than the ordinary text books.

Deaf Mutism. By Holger Mygind, M.D., of Copenhagen. London: F. J. Rebman, 1894.

It is scarcely likely that the subject of deaf-mutism should be taken up with much enthusiasm by the majority of medical men. To the lay mind, and, it is to be feared, to a great extent to the professional mind also, deaf mutes are subjects who, somehow or other, are born into this world with their sense of hearing lacking, and without the power of expressing their thoughts in words; and who, without further consideration, are deemed to be entirely beyond the pale of ordinary medical treatment, and are relegated to institutions whose sole object is not to cure the condition, but solely to remove, so far as is possible, the barriers which separate the patient from converse with his fellow creatures.

That such should be the case with the medical profession itself is scarcely to be wondered at, since the study of ear diseases has, in the past, scarcely entered into the list of subjects of medical training.

A perusal of this volume, however, will quickly convince anyone that this subject is certainly of considerable importance, and needs more careful study than it has been the custom to bestow upon it.

This is made clear when we learn that in a large percentage of cases deaf-mutism is an acquired defect; and that the morbid states which have, both directly and indirectly, played their part in producing this condition, are, to a certain extent, preventible, and, indeed, in some cases, curable. Thus we find amongst predisposing causes such factors as unfavourable social and hygienic conditions, heredity, insanity, idiocy and epilepsy, and other nervous diseases in other members of the family, and, occasionally, consanguineous marriages.

Amongst the immediate causes epidemic cerebro-spinal meningitis and acute infectious diseases, such as scarlet fever, measles, diphtheria and small-pox, takes a large share in the production of deaf-mutism.

In Switzerland—where we learn the disease first appeared in the beginning of this century, and spread from thence over the greater part of Europe and America—and in the districts bordering upon that country, epidemic cerebro-spinal

meningitis has been a frequent cause of acquired deaf-mutism. It would appear also that an endemic form of deaf-mutism, which is in some way allied to goitre and cretinism so commonly found there, also occurs in the same locality.

The morbid anatomy of the affection under consideration is a branch of the subject to which attention has been paid only of recent years. The great difficulty of making thorough examinations of the organs of hearing, both so far as naked eye and microscopic appearances are concerned, has long been a bar to a perfect understanding of this disease; but of late these difficulties have to a great extent been removed, and one of the most important facts, ascertained by the frequent examinations of the organs of hearing in deaf mutes who have died, is that, in many instances, morbid changes have been found both in the middle ear and labyrinth, and, further, it is highly probable that in a large percentage of such cases, the labyrinthine affection has been secondary to the middle ear disease. This clearly shows the necessity for paying careful attention to the state of the middle ear in all affections of early childhood.

On the other hand, a certain number of cases, in which marked changes are found in the labyrinth, destructive of the organ of hearing, are traceable to a preceding inflammation of the membranes of the brain, which, taking these structures as a starting point, has spread outwards and involved the inner ear.

Apart from congenital defects of the inner ear, the most important morbid change found is an osseous deposit in these organs, which tends to obliterate their lumen, and to destroy their functions.

It is, therefore, scarcely to be wondered at that in such cases the prognosis as regards hearing is bad.

The chapter relating to the symptoms gives a detailed account of the two leading features, viz.—deafness and mutism. It shows that both may be partial or complete, and that total deafness is more common in acquired cases than in congenital ones. As regards the mutism, in a small percentage of the patients met with the symptom is referable to a defect in the speech centre, but in the majority it is a secondary symptom, and due to the deafness. The author states that deafness acquired before the age of seven years, as a rule, causes secondary mutism.

Other accessory symptoms receive due notice. Of these, one of the most important is disturbance of equilibrium. It is interesting to know that, though deaf-mutes are prone to spontaneous attacks of giddiness and staggering, they have a peculiar immunity from dizziness, under circumstances

which otherwise produce dizziness and consequent disturbances of equilibrium, such as being rapidly spun round on a perpendicular axis. This clearly proves the liability of the semi-circular canals to become affected.

But a small portion of the work is devoted to treatment; the author, however, makes a point of doing no more than indicating the various methods by which those afflicted may be enabled to converse with and understand their fellow creatures. Many cases can be improved by removing, as far as is possible, the conditions which have brought about the deafness; or, where that is impossible, by means of training the auditory nerve with certain acoustic exercises which were introduced by Urbautschitsch, of Vienna, and who, it may be remarked, has, since the publication of this book, established the usefulness of his method.

In order to benefit those patients in whom an improvement of the hearing powers is beyond our means of attaining, the two methods in practice are respectively the German and the French. The former—which the author considers the superior—is the method of teaching patients to understand what is being said by the speaker, by watching the movements of his lips. The latter is the older plan, by which deaf-mutes are taught to communicate with others by means of signs.

Enough has been said to show the importance of an understanding of this class of cases to the general practitioner; and, for this reason, we can recommend a perusal of the book, which may, we think, lay claim to being one of the best works on the subject. The language is clear and easy, and though the necessary frequent insertion of statistical tables makes the volume, at first sight, look somewhat dull, they do not in reality detract from the pleasure and instruction derived from its study.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The seventh meeting of the session was held on Thursday, April 4th, Dr. Goldsbrough, Vice-President, in the chair.

Section of Materia Medica and Therapeutics.

Dr. Washington Epps read a paper entitled *Acidum Fluoricum; its Action on the Veins, with Cases of Varicose Veins and Ulcers.*

He remarked on the paucity of symptoms in *fluoric acid*, in the *Cyclopædia*, bearing on varicosis, though some might be ascribed to venosity in its earlier stage. He summarised

Dr. Hering's proving of the drug, and next discussed the allied remedies, *pulsatilla*, *hamamelis*, *sulphur*, *lycopodium*, *carbo vegetabilis*, *and carduus marianus*, entering very fully into their distinctive actions. Then followed a series of most instructive cases. He concluded with the remark that *fluoric acid* has a most direct action on the tissues of the veins, causing more or less marked symptoms of venosity and varicosis; these would possibly have been more definite had the provings been continued for a longer period. That the remedy has a definite curative action when given medicinally in spontaneous corresponding cases, and that the cases of varicosis that are benefited by the remedy appear to be always very chronic, not dependent on pressure above nor on disease of any of the abdominal organs, but simply from changes in the coats of the veins themselves. Lastly, that under the 6th dilution the remedy aggravates, and that it acts most satisfactorily in the 12th-30th centesimal.

Dr. Lambert read a paper on *Kalmia Latifolia*. He considered the most striking point in the pathogenesy of the drug to be the pains which affect all parts of the body, usually of a transient nature, but sometimes very severe and persistent. They usually affect a large part of a limb at once, or several joints, and shift their situation rapidly. This last peculiarity is most characteristic. The action of the drug on the various systems of the body was considered in full, and clinical evidence in support of the various suggestions was introduced wherever possible. The paper was one that does not bear condensing.

Discussions followed each paper, which were on all sides admitted to be of considerable value. Drs. Hughes, Blake, Madden, Dudgeon, Gerard Smith, Burford, Wolston, Clifton and Goldsbrough contributing to the discussion.

NOTABILIA.

ODIUM MEDICUM AT THE INFIRMARY FOR CONSUMPTION.

In 1887 the Infirmary for Consumption in Margaret Street, London, earned a not altogether enviable notoriety by the futile attempt made by the majority of the members of the medical staff to expel from their posts two of their colleagues, Dr. Jagielski and Dr. Marsh, who had become convinced of the superiority of the homœopathic method, and were giving the patients the benefit of that treatment. It will be remembered that those partisans of the old school called a special general meeting, and at the same time issued a private circular to the Governors, in which they said that if those two homœopathically

inclined medical officers were allowed to retain their posts in the Infirmary, the objectors would resign their connection with the Institution. A majority of the Governors at this meeting refused to expel the converts to Hahnemann's reformed treatment, and passed an amendment to the effect that the laws and constitution of the Infirmary accorded full liberty of opinion and practice to the members of the medical staff. On this the objectors resigned their posts as medical officers of the Infirmary. Other medical men were appointed in their stead, among whom was the homœopathic practitioner Dr. Roberson Day. Dr. Cooper Torry, one of the senior physicians of the Infirmary, refused to join the others in their attempt to oust the homœopathic medical officers, and gave his vote in favour of liberty of opinion and practice. The *personnel* of the medical staff seems to have undergone numerous changes, but Drs. Torry, Jagielski, Marsh and Day continue to retain their posts.

Three recently-elected allopathic members of the staff, the senior of whom is Dr. Walsh, whose appointment as physician dates from less than three years ago, and who has quite lately been made Treasurer of the Infirmary, together with the Junior Treasurer, called a special general meeting of the Governors and Subscribers, for the purpose of demanding the resignation of Drs. Torry, Jagielski, Marsh and Day; and in the event of their refusing to do this, demanding that their posts should be declared void. No reason whatever was given in the circular for this outrageous demand. The meeting was called for the 11th April, the day before Good Friday, when it was probable that many of the Governors would be out of town for their Easter holidays. A letter was sent to the Governors by Dr. Cooper Torry, remonstrating against this monstrous and unprecedented manœuvre, and the following appeal to them was made by Dr. Jagielski:—

"My Lords, Ladies and Gentlemen,—You have doubtless received a printed summons, signed by the Secretary in writing, to attend a Special General Meeting of the Governors and Subscribers of this Infirmary, on the 11th inst., for the purpose of calling on the Senior Physicians, Dr. J. Cooper Torry and myself, and the Senior Visiting Physicians, Drs. Marsh and Day, to resign their posts in connection with this Institution, and in the event of their not complying with this arbitrary demand, threatening them with expulsion.

"No reason is alleged for this extraordinary proceeding, and no explanation of this summons is given. But on the notice board in the Committee Room there is a paper signed by three of the junior medical officers and the ex-treasurer of

the Infirmary, stating that they are 'of opinion that it will be clearly for the interests of the Institution that Drs. Torry, Jagielski, Marsh and Day, members of the honorary medical staff, be called upon to resign,' &c.

"You will be able to judge of the correctness of this statement as regards myself, when I inform you that I have served the Infirmary as Physician for twenty-one years, and every year have obtained the thanks of the Committee for the mode in which the duties of my office were performed, and I may add that the other officers included in this threat of expulsion have also annually received the thanks of the Committee. I have induced many persons to become subscribers to the funds of the Infirmary, among whom are six or more Life Governors at ten guineas each, and I have persuaded one of my patients to leave £100 to the Infirmary in her will, which sum was received last year by the Infirmary, on her sudden death while abroad. I have induced two more Governors to do the same in their wills—one for a larger amount, if freedom of prescribing is maintained at the Infirmary. I may add that during the whole period of my services in the Infirmary I have received nothing but thanks from the numerous patients I have attended, so how the interests of the Infirmary will be promoted by my dismissal I fail to perceive."

"The real reason for the animus exhibited against me and two other of my colleagues is that our mode of prescribing differs from that of our opponents.

"Many of you will remember that a similar attempt was made to expel me and Dr. Marsh from the Staff of the Infirmary, at a Special General Meeting in 1887, but this was defeated by the adoption by twenty-one against seventeen of the Governors present of an amendment proposed by one of the Governors to this effect:—

"That any attempt to limit the liberty of opinion and practice of the medical officers is not sanctioned by the laws of the Infirmary, is injurious to the interests of the Infirmary, and of its patients, and is opposed to the spirit of the Medical Act of 1859."

"The gentlemen at whose instance the present Special General Meeting has been called are acting in direct opposition to the above resolution in calling upon myself, Dr. Marsh, and Dr. Day to resign our posts, for no other reason that I can imagine but that we practise medicine according to our conscientious convictions on a method different to, and as reliable statistics prove, more successful than that pursued by our medical detractors.

"It is for you to determine if you will yield to the demand of the three junior medical men connected with the Infirmary only for short periods, varying from one to three years, and at their bidding expel from your Institution officers of the Medical Staff who have worked zealously and successfully for periods varying from twenty-seven to eight years, and thereby stultify the resolution in favour of liberty of opinion and practice passed by yourselves in 1887.

"In the assured hope that you will not adopt such a retrograde, illiberal and unjust step,

"I remain,

"My Lord, Ladies and Gentlemen,

"Your obedient servant,

"VICTOR JAGIELSKI, M.D., M.R.C.P. Lond., &c."

"London, April 8th, 1895."

Lord Grimthorpe, who presided at the Special General Meeting in 1887, when the amendment in favour of liberty of medical opinion and practice by the Medical Staff was passed by a majority of the meeting, gave his opinion on the subject in the following letter which was circulated among the Governors.

"33, Queen Anne Street, W.

April 5th, 1895."

"Dear Sir.—I am sorry I cannot attend the meeting at the Margaret Street Infirmary next Thursday, nor I suppose can anybody who is going out of town for Easter. The whole proceeding announced in the circular you send me is monstrous, whatever may be the unknown merits of the case, for other reasons besides that."

"This is the first copy of the circular I have *received*, only four days practically before the meeting though I happen to have seen another. A proposal to turn out four medical officers at a blow, without a scrap of information of the reasons for it, is an insult to the Governors and Subscribers who are thus expected to endorse the decree of a Committee not appointed for this purpose blindly. I suppose the failure of a similar attempt in 1887, when at any rate the reason for it was known beforehand, has suggested the expediency of keeping it secret now—so secret that I have no idea what is at the bottom of it. I have a lively recollection of the series of irregularities (apart from the merits or reasons) committed by the Committee in 1887, at two if not three successive meetings, but they were not so bad as this."

"I can only authorise you to use this letter as you please, for the purpose of securing a full and proper disclosure beforehand, and reasonable time to consider the alleged reasons and any answer that may be circulated, reserving entirely my judgment on their validity when I see them. I should hope a majority of those who do attend will see the gross impropriety of proceeding as the Committee are doing, and the probability of its ruining the Institution.

"Yours obediently,

"GRIMTHORPE."

The meeting was held on the 11th April, when Dr. Cooper Torry was voted into the chair by a majority of the Governors. An attempt was made by the summoners of the meeting to get an adjournment of this meeting to some future day, but the chairman very properly ruled that this was quite out of order, as the meeting was called for the specific purpose of demanding the resignation of four members of the staff. He called on those who had summoned the meeting to speak on that which was the only agenda before the meeting. The courage of the conspirators was not equal to this, as they perceived that the majority of the Governors present was opposed to them; so, as no one had any observations to make on the subject for which the meeting had been summoned, the chairman declared the meeting to be at an end.

We think there can be but one opinion as to the audacity of this attempt on the part of the three junior members of the staff to expel the old and tried medical officers. As no reason was assigned for this extraordinary step, either in the circular calling the meeting or at the meeting itself, we can only guess at the cause. It was probably the homœopathic leanings of Drs. Jagielski, Marsh and Day that led these allopathic zealots to wish to get rid of them, but as Dr. Cooper Torry is of the old school persuasion it is difficult to imagine why he was included in their impotent anathema, except because he remained faithful to the resolution in favour of liberty of opinion passed in 1887.

The unmistakable defeat of his tactics seems to have had a bad effect on the temper of the new Treasurer, as he demeaned himself by making a violent assault on one of the Governors present, for which he had to make a humble apology. If the Governors of the Infirmary have a proper sense of their duty they should lose no time in calling on these ridiculous conspirators to resign their connexion with the Institution which they are injuring by their absurd bigotry.

THE DEVON AND CORNWALL HOMŒOPATHIC HOSPITAL.

For the purpose of liquidating a debt of £500 upon this institution a bazaar, extending over two days, was opened on Tuesday, April 2nd, at the Guildhall, Plymouth. The committee deserve every credit for their ingenuity in devising so many novel attractions as they did to draw forth money from visitors. The picturesque Guildhall presented a bright, attractive, busy scene, and contained about a dozen stalls, fancifully decorated with green and yellow art muslin, and crowded with useful and artistic articles, together with a refreshment stall at one end of the room, and a flower stall covered with a choice collection of exotic and other plants at the opposite end. The band of the Royal Marines, an amateur orchestral band, and organ recitals furnished music. Science was represented by exhibition of Edison's kinetoscope and phonograph, and also by one of microscopical objects.

At the opening ceremony the Mayor occupied the chair, and, with a few words of congratulation and encouragement, supplemented by a cheque for £25, declared the Bazaar open.

On the second day, the opening ceremony was performed by Sir Henry Waring, who said that "when he read the report of the hospital for the past year he was completely surprised to discover what an excellent work the institution was accomplishing, and as a member of the committee of the South Devon and East Cornwall Hospital he well knew that the greatest care must have been exercised on the part of the management of the Homœopathic Hospital in order to carry on the work on so economical a scale. His chief object in being there that afternoon was to endeavour to remove anything like a prejudice which might exist in the minds of some people with regard to the relations between the two hospitals. (Applause.) He knew there was such a feeling abroad, and he was desirous of seeing it swept away—(applause)—for he could not fail to recognise that the Homœopathic Hospital in Plymouth was becoming one of the established charitable institutions of the town. When they read in the annual report that during one year between 13,000 and 14,000 people had been relieved by its agency, the fact must be established in the minds of all that it had become an institute of very great value." (Applause.)

The result of the two days' work was most gratifying, the hospital funds benefiting to the amount of £300, apart from two donations of £50 each contributed by visitors. We heartily congratulate our colleagues at Plymouth on the success of the work that they have been engaged in.

THE WIRRAL HOMŒOPATHIC DISPENSARY, BIRKENHEAD.

The 19th annual report of this institution shows that the total number of cases treated during the year 1894 was 5,823. The financial statement shows a balance of £30 7s. 11d. in favour of the dispensary.

The medical officers are Dr. Reginald Jones and Dr. C. T. Green.

HOMŒOPATHY IN THE "STRICT SENSE."

Among the many ill effects of antipyrin reported by Dr. Leech and Dr. W. Hunter to the Therapeutic Committee of the British Medical Association, none was more frequently observed than rashes variously described as "erythematous, measly or urticarial in character, with or without considerable accompanying œdema." *The British Medical Journal* of a few weeks ago, quoting from *La Presse Médicale* of February 16th, gives the following illustration of a rare eruption caused by antipyrin:—The patient, aged 30, and very fat, was seized with violent, even unbearable, pains in the head whilst at his doctor's residence, for which 15 grains of antipyrin were given. His urine contained a little sugar (225 grains in the twenty-four hours) and traces of albumen. He also presented an old and obstinate psoriasis in the seborrhœic regions (scalp), scrotum, gluteal folds, palms of the hands, umbilicus, etc. Exactly four to five minutes after the ingestion of the remedy he was seized with tinglings over the whole body, then a most intense intolerable itching with desire to scratch himself. His face became red, his eyes filled with tears, a keen sensation of heat was experienced, his pulse noted 120 to 130 pulsations, at the same time red patches appeared on his neck, then on his back. On the morrow, after a sleepless night, there was the same febrile state, the same pruritus. The eruption at its height consisted of a collection of plaques of a bright inflammatory redness, scattered at all points of the body, without special localisations, without marked symmetry. In general round in shape, these plaques were mostly of the size of a 5-franc piece. They formed a slight relief, and in their neighbourhood the skin was perceptibly hotter. Taken between the finger and thumb these lesions, in no way painful, gave the sensation of a pretty deep thickening of the skin; their evolution was rapid. On the second day after the febrile state had disappeared, the itching diminished progressively, to disappear on the eighth day. Most of the plaques grew pale, became covered with slight scales, and disappeared in fifteen days. Some of the largest ones presented in their centre [illegible]idermic upheaval (abortive bulla), and were a little longer

in disappearing. The patient afterwards stated that years before a dose of *antipyrin* had given him similar trouble. The eruption described differed from a nodose polymorphous erythema in the abruptness of the onset, the tingling and pricking over the whole cutaneous surface, in the itching preceding the eruption, and in the eruptive elements being more numerous, less prominent, painless, and with rapid evolution.

So far we learn, not for the first time, of what *antipyrin* acting upon the skin is capable of accomplishing, what in short are, so far, its pathogenetic properties. In another number of the same periodical the following illustration of one of its therapeutic uses is given:—

"F. Arnstein (*Gazeta Lekarska*, No. 48, 1894, p. 1298), following Blaschko's recommendation (*Berlin. klin Wochenschr.*, No. 22, 1891), has tried *antipyrin* internally (in powder, 1 gramme at bedtime) in two severe cases, one of which was that of a woman, aged 28, with pruritus nervosus of three months' standing, while the other referred to a woman, aged 66, with inveterate pruritus senilis. In both the itching quickly subsided, to disappear altogether in a couple of weeks. Both of the patients had been previously treated by various physicians and after various ordinary methods without obtaining any relief whatever."

The dose named here was, in all probability, unnecessarily large, and, in many instances, especially of pruritus senilis, would be dangerously so; but that the medicine was homœopathically indicated, who can doubt?

MESSRS. BOERICKE AND TAFEL.

We regret to hear of the death of Mr. A. J. Tafel, of the well-known firm of Boericke and Tafel, publishers, of Philadelphia.

We learn that the business of the firm will be conducted by the surviving partners on the same lines as in the past. The corps of employés remains unchanged.

THE DYSPNŒA OF ADVANCED BRIGHT'S DISEASE.

Dr. Steel thinks that common dyspnœa of advanced stages of Bright's disease is due to heart failure, and is not toxæmic. He points to the benefit obtained in many such cases from the hypodermic injection of *morphia*, as inconsistent with the presence of toxæmia. He recommends *digitalis*, or when it fails, *strophanthus*, *citrate of caffeine*, *nux vomica*, or *strychnia*. In paroxysmal dyspnœa he says the nitrates are disappointing; he recommends *morphia*, enjoining caution in its use, and its combination with *atropine*.—*Medical Record*.

CORRESPONDENCE.

TALLERMAN-SHEFFIELD PATENT LOCALISED HOT-AIR BATH.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—In your journal of February 1st, I called attention to certain statements put forward by Dr. Percy Wilde when professing to compare, from a scientific standpoint, the therapeutic value of the above apparatus with one which he claimed to have invented. Those statements, I pointed out, were grossly inaccurate, and I called upon Dr. Wilde to substantiate or to withdraw them. I also challenged Dr. Percy Wilde to submit his apparatus to a public competition with mine, the demonstration to embrace every point upon which he claimed an advantage. Dr. Wilde's reply in yours of 1st inst. ignores my request either to justify his statements or to withdraw them. I am therefore forced to the conclusion that he shirks the issue. Dr. Percy Wilde's ill-concealed contempt for manufacturers will, no doubt, be appreciated by that body. Unfortunately, I cannot claim to be a member of it, and mention the circumstance only as further illustrating, whether in trifles or more important points, the necessity of requiring some corroboration of Dr. Wilde's remarks before accepting them.

The issue that has to be settled is the truth or untruth of certain specific statements made by that gentleman with respect to the success of the apparatus in the treatment of rheumatoid arthritis and joint-troubles generally, and also circumstances connected with the treatment of a patient at the last Annual Homœopathic Congress. I have told him that his statements are untrue—grossly so; and having been publicly made I requested them to be as publicly withdrawn. It is not my intention to permit him to avoid the real by raising side issues upon false suggestions, and upon such matters as whether patients should be washed and wiped after baths, or not. The question is *not* "washing and wiping patients," but one to which the code of medical etiquette will apply with great force; and I again request Dr. Percy Wilde to state categorically whether he adheres to or withdraws the statements to which I have called his attention.

The question of "advertisement," raised by that gentleman, I shall have to deal with later on. Dr. Percy Wilde will find that I shall not deal with *suggestions*. I might, however, say that, although we do entertain the idea of indulging ourselves in a little proper and legitimate advertisement in the near future, up to the present we have not spent a single shilling.

in it, excepting in printing case-notes, cards, &c., for circulation amongst the profession. The hospitals which have adopted the apparatus, and they consist of our most important schools of medicine, are using the apparatus upon its merits, and the patients and enquiries that the proprietary company obtain are solely due to the recommendation of the staffs of the hospitals who have experience of the treatment; and as a patient is never accepted before his case has been pronounced to be a suitable one, by his own or other perfectly independent medical men, it may be taken that the apparatus is already established, and the value of the recognition the Tallerman-Sheffield apparatus and treatment has already obtained would not be enhanced much if even it obtained that also of Dr. Percy Wilde.

I am, yours truly,

LEWIS A. TALLERMAN.

London, March 25th, 1895.

HOMŒOPATHY IN SYDNEY.

To the Editors of the "Monthly Homœopathic Review."

SIR,—Sir William C. Windeyer, Kt., LL.D., was elected Chancellor of the University of Sydney on the 11th March, 1895. Sir William was the first graduate of the University of Sydney, 1856, and an outline of his career may be seen in the *Sydney Morning Herald*, 12th March, 1895. He was President of the Sydney Homœopathic Dispensary, which was opened on 1st July, 1892.

His election as Chancellor of the University of Sydney was proposed by Mr. H. C. Russell, B.A., C.M.G., Government Astronomer.

This gentleman first drew my attention to homœopathy in 1875 and presented me with Hempel's Materia Medica and Therapeutics.

Dr. MacLaurin, M.L.C., seconded the proposed election of Chancellor. You will doubtless remember that this gentleman, while discussing a recent medical Bill in our Parliament, is reported to have stated that the well-known Clause XXIII of the Imperial Act was unnecessary in this colony.

You will also remember that this same gentleman was chairman of the Medical Defence Association here, whose first bye-law was directed to the suppression of homœopathy. Yours in truth and justice,

WM. GEO. WATSON, M.A., M.B., &c.

150, Elizabeth Street, Sydney.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays, 2.30; Diseases of Women, Tuesdays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Diseases of the Throat, Mondays, 2.30. Operations, Tuesdays, 2.30.

Dr. REED HILL, of Colchester, has removed to Ipswich (38, Berners Street).

Dr. W. ROACHE has removed from Ipswich to Eastbourne (Cornfield House, Devonshire Place) to join Dr. A. H. CROUCHER.

Communications have been received from Dr. W. ROACHE (Eastbourne); Dr. REED HILL (Ipswich); Mr. C. KNOX SHAW, Mr. TALLERMAN, Mr. DUDLEY WRIGHT, Dr. E. BLAKE, Dr. DUDGEON (London); Dr. ORD (Bournemouth); Dr. BLACK (Torquay); Dr. C. WHEELER (Surbiton).

BOOKS RECEIVED.

The Universal Homœopathic Annual. Edited by François Cartier. Pub. Ed. Crété Corbeil. Jeuie-et-Vise. 1894.—*Diseases of the Heart and Arteries.* John H. Clarke, M.D. Gould & Son, London. 1895.—*Forty-fifth Annual Report upon the Health of Leicester.* By J. Priestley, B.A., M.D., D.P.H.—*The Medical Annual.* Wright & Co., Bristol. 1895.—*The Homœopathic World.* London. April.—*Medical Reprints.* London. April.—*The Chemist and Druggist.* London. April.—*The Monthly Magazine of Pharmacy.* London. April.—*The North American Journal of Homœopathy.* New York. April.—*The Homœopathic Eye, Ear and Throat Journal.* New York. April.—*The New York Medical Times.* April.—*The New England Medical Gazette.* Boston. March.—*The Hahnemannian Monthly.* Philadelphia. April.—*The Homœopathic Recorder.* Philadelphia. March.—*The Medical Century.* Second Special Pneumonia Number. Chicago. March 15th and April.—*The Homœopathic Envoy.* Lancaster. April.—*The Denver Journal of Homœopathy.* March. *The Medical Advance.* Chicago. March.—*The Homœopathic Physician.* Philadelphia. March.—*The Medical Argus.* Minneapolis. March and April.—*Revue Hom. Belge.* Antwerp. February.—*Bulletin Général de Thérapeutique.* Paris. April.—*Populäre Zeitschrift für Homöopathie.* Leipzig. April.—*Archiv. für Homöopathie.* Dresden. March and April.—*Rivista Omiopatica.* Rome. January and February.—*Homœopathisch Maandblad.* Nederland. April.—*Children's Homœopathic Hospital 17th Annual Report.* Philadelphia.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

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THE NURSING PROFESSION.

No longer ago than the time of CHARLES DICKENS, the chief functions of a nurse apparently were to bully a sick person, to hold him down if delirious, to appropriate his pillows for her own use during the night watches, and to drink from a conveniently placed black bottle "when so dispoged." One still occasionally meets instances of survivals of this race of beings, modifying their behaviour, perhaps, somewhat in obedience to an unwelcome change of environment, but nevertheless regarding a clinical thermometer as a new fangled fad and fancy, and its use as equally beneficial to the patient whichever end is applied to him.

Happily this type of attendant on the sick and suffering has almost disappeared from our midst, displaced by the march of science, which has, *pari passu* with its advances, created a new genus of woman, ready and able to act as the physician's or surgeon's *alter ego* during his absence. We do not wonder, in the face of so much therapeutic agnosticism, that nowadays many an intelligent and observant mother is heard to declare that "good nursing" is, in her belief, worth more than medicine, while the doctor himself is willing to acknowledge that it is "more than half the battle." How wide—and happily impassable—is the gulf between Mrs. Sairey Gamp and her modern successor!

Before glancing at some of the measures by which earnest and suitable women are made into intelligent co-workers with medical men, a brief reference is due to two brave characters who were the pioneers of this work.

Perhaps the first was Mrs. Wardroper, late matron of St. Thomas's Hospital, London. Her name is familiar to every one interested as a steady, unobtrusive worker on behalf of nursing and trained nurses, and as one who, in a quiet, self-denying way, has given nearly half-a-century of her life to the cause.

Second, as to time, but equal in honour and renown, came Florence Nightingale. Born in sunny Florence (hence her name) in 1820, she inherited a large and sympathetic mind and nature from her mother, the daughter of William Smith, Wilberforce's colleague in the great anti-slavery agitation. Miss Nightingale's early years, in her Derbyshire home, were marked by an eager desire to become acquainted with human nature and to modify the surroundings of the poor and suffering, which she saw to have such a powerful moulding influence on character. Her first season in London she spent in investigating the working of some of our public institutions, workhouses, reformatories, hospitals, &c. As if preparing for what proved to be her life work she pursued her studies and observations on the Continent in connection with the Protestant Deaconesses of Kaiserworth and the Sisters of Mercy in Paris. The year 1854 witnessed the outbreak of the Crimean war, and the news of victories won by the conjoint forces caused exultation in the land. But the gladness was marred by the distressing details of the suffering endured by the victors due to pestilence and to an absence of medical comforts and nursing for the wounded, which are, now at least, appalling to think of.

Florence Nightingale responded nobly and promptly to the call which came to her to head and organise the band of women who went out in response to Sir Robert Peel's appeal in the *Times*. It is refreshing to look back and see national jealousies and prevalent animosities laid aside in this crisis—to see English and French nurses working side by side in friendly rivalry; to witness the enthusiasm of the French populace as the band journeyed on, the Boulogne fisherwomen carrying their baggage through the town, and the hotel

keepers refusing payment for their entertainment. What a pity that these friendly feelings proved so evanescent! On the details of Miss NIGHTINGALE's struggles with the filth and squalor of Scutari, we may not dwell. If fever and nervous overstrain rendered the heroine practically an invalid ever since, she has her reward in seeing the spread of her views throughout the medical profession, in witnessing the creation of a nursing profession fully up to her own standard, and in the knowledge that to the sick and suffering, both military and civil, her efforts have resulted in immensely increased comfort and largely augmented chances of recovery.

Even in her comparative retirement Miss NIGHTINGALE's influence is still felt, and advancing years seem to have no effect on the youthfulness of her spirit. One of her most recent works is a small *brochure* dealing with the sanitation of India. It is entitled *Health Teaching in Towns and Villages—Rural Hygiene*, and was published in 1894. In September last, at the Tropical Section of the International Congress of Hygiene and Demography, she proposed a resolution on the same subject, which was carried by acclamation.

We cannot stay to follow the details of the transition from the noxious vampire of the Gamp tribe through the negative stage when the nurse became an innocuous companion, to that of more positive virtue in which she figured as a mechanical carrier-out of rules with a certain amount of manipulative skill acquired by constant repetition. This is already a great change, but we may go further, and find in the ideal nurse of to-day an earnest intelligent fellow-worker with the physician, a sympathetic friend to the patient, and a woman true and *loyal* to both, obedient, skilful and tactful in the discharge of her duties. Such a standard is no mean one to aim at; a post with such responsibilities is no sinecure. To attain this loyalty, which we emphasise as a prime quality, is not always easy. In the words of the late Dr. JAMES ANDERSON, it is easy to be loyal when your physician "is an able and honourable man."

"But all physicians are not able and *some* are not honourable." What, then, is to be done? His advice to the nurse is, "If he is not honourable say so to him

and be done with it. But first be sure of your ground, and be ready to prove it to the hilt if necessary; and secondly, say it gently and to him alone. But say it. Lend yourself to no dishonesty." Sterling advice such as this, faithfully followed out, "a little modesty with some careful study," and the determination to do her "level best" for the patient if the physician is *proved* to be not "able," will make most noble and worthful women.

To ensure a reasonable probability of the efficiency of candidates for a nurse's calling, a certain amount of selection is necessary. One of the points requiring consideration in this relationship is that of age. Formerly, near the neighbourhood of middle age was regarded as the most suitable — probably on the principle which underlies the adage that at forty a man is either a fool or a physician. When this notion was abandoned, the more youthful a candidate the more favourably she was received, while at the same time no limit was placed in either direction by those entrusted with the responsibility of selection. As a further reaction, the present tendency on the part of the chief metropolitan hospitals is to exclude aspirants under about twenty-five and over thirty-five; but even now in different institutions the widest variation obtains, from the age of seventeen and upwards in children's and provincial hospitals. A respectable minority, including some of the highest authorities on nursing politics, recommend the age of 22 as the best average age at which a suitable candidate may be received for training. It is scarcely necessary to remark that it is not mere caprice which dictates these limits. On the one hand, a woman must be sufficiently old to realise the responsibilities of the work, and sufficiently formed in character and physique to bear the moral, mental and physical strain incident to the calling of a nurse. She must have sufficient knowledge of "men and things" to enter subsequently into the difficult relationships of private life, and to acquit herself with credit in circumstances of trust where her tact, judgment, and good temper will be taxed to the utmost. On the other hand, a person's habits readily become formed, and it is more easy to train a woman of twenty-two than one of twenty-six—other things being equal. Besides, com-

paratively few of those entering life at its serious side can afford to wait so long as twenty-five or twenty-six.

Again, in the interest of hospital work, it is needful that careful selection be made as to the health of applicants. A frequent change of nurses in a hospital —involving a constant supply of very partially trained hands—is an undue strain on those responsible for teaching, and involves imperfect nursing of and possible jeopardy to the patients. For these reasons, thorough examination of the health of candidates is made before they are finally accepted as probationers. In most institutions, a period of from one to three months' trial is given before acceptance, in order to elicit the individual's fitness, in this and other respects, for the post of probationer. This is only fair to both contracting parties, for the somewhat severe routine of hospital work, stripped of the glamour of romance with which report surrounds it, proves too trying to many an aspirant.

When the period of trial is over, the Rubicon is crossed, and the former candidate is now fully committed to a nurse's career. An agreement is signed by which the probationer undertakes to remain in training for a certain period of time, and to observe the rules of the institution to which she is attached. The hospital authorities on their part undertake the training, lodging, boarding, etc., of the probationer as indicated in their prospectus.

Having once entered upon hospital life an embryo nurse needs to bring to bear upon the duties a variety of qualities. In its orderly routine and its call for ready and prompt acquiescence in and carrying out of instructions, the life may be compared with that of a soldier. There is, however, much more call, especially at a later period, for the exercise of private opinion and educated judgment, and for the development of the powers of observation. Each patient is a page in the open book of nature, but the characters in which it is written, and the tongues in which it is indited, vary as widely as the tomes of the British Museum, and require almost as careful training to decipher. Inasmuch, however, as a patient is something more than the page of a book—is, in fact, a living sensient, responsive being, so one who ministers to his comfort or well-being must possess qualities other than those somewhat mechanical ones already alluded

to. A quick appreciation of suffering and a ready sympathy with the sufferer—in fact,

"A heart at leisure from itself
"To sooth and sympathise,"

are essential for an ideal nurse, and without these her educational curriculum will be largely thrown away.

"In what," it may be asked, "does this curriculum consist?" Unfortunately there exists no uniform system for training nurses, no "one portal" through which all must pass before receiving the dignity and accepting the *onera et remunera* of a trained nurse. Each institution does that which is right in its own eyes.

Even as to the length of time required for the training of a nurse the widest differences of practice exist. Years ago the NIGHTINGALE School introduced the one year for nurses, and this institution, we believe, in common with many others, either registers its probationers as trained after twelve months or entrusts them after that period of time with the duties and responsibilities of fully trained nurses. Happily or unhappily—according to the point of view—it is becoming known amongst the public that a full training is considered by many authorities to mean not less than *three years' hospital tuition and experience*. In at least one Metropolitan Hospital the course is one of four years.

It may be unfair to single out any one institution as having been instrumental in raising the standard of nursing training, when according to their light and ability almost all concerned have been making efforts for the improvement of nursing and of the nursing profession. Nevertheless we believe it to be a fact that much progress has been made since the Royal British Nursing Association has so persistently and publicly advocated what may be termed the "higher education" of nurses. Although that body cannot be said to represent the whole of the nursing interests of the country or even of London, yet the influence of its views has extended even to the ranks of those who have been amongst the most strenuous opponents of the Association.

The instruction given in hospitals to probationers is both practical and theoretical. It is hardly necessary to dwell in detail on this subject. Amongst many generalities, the following deserve mention as items of importance: washing of patients, bed-making, the

making of poultices, the making and application of various surgical dressings and applications, and the administration of medicines and medicinal agents. Not less important than these is the cultivation of the powers of observation; the making of a careful record of the patients' symptoms, condition and progress, the learning what leading symptoms to expect in a given case, and how to guard against or alleviate them in accordance with the medical man's directions, and the guidance of the patients in many minor but important details not, perhaps, entered into by the doctor. Again the practical acquaintance with the making of every item of invalid's food is of great importance. A question which has been raised and discussed with an unnecessary amount of acrimony is that of so-called menial work. It should be recognised that a nurse must know when the fittings of a ward or of a sick room are clean and tidy. There is no way of learning this so good as that of making them clean and tidy one's self. It is true that much work of the nature of cleaning and even scrubbing, which was formerly done by nurses, is not now included among their duties. Let it not be for a moment thought that any honest labour is itself derogatory to man or woman. With nurses it is a question of how their time can be most profitably spent, and it is because there is so much to learn in the allotted three years that heads of nursing institutions are seeking to lessen as far as is possible the amount of domestic or non-professional work for their probationers.

To carry out intelligently the practical work of a nurse, a considerable amount of theoretical knowledge is essential. This alone can lift a trained nurse above the level of an untrained lay attendant on the sick. Without this as soon as a nurse leaves the routine and resources of a hospital ward, she would be stranded. Didactic instruction in the form of lectures is given in most hospitals by the matron and the medical staff. What may be termed the general principles of nursing are usually taken up by the matron, while the members of the medical staff generally select some subject in which they are specially interested or better able than the matron to discourse upon. Among these are elementary anatomy, physiology, hygiene, first aid to the

injured, nursing in its relation to various special departments, and special cases of illness, medical or surgical. Examinations are held in these subjects from time to time. The strain on a nurse's strength is considerable, and efforts have latterly been made to lessen the combined mental and physical strain by familiarising intending probationers with the theoretical part of their work by courses of lectures prior to their entering upon the active duties of hospital life. In November last the Matron of the Glasgow Infirmary read a paper explaining the three months' course of preliminary instruction which has been organised in connection with the infirmary. For a fee of about £12 "student nurses" are lodged, boarded, and lectured for the space of three months. The first year is then left free for practical work, and subsequent instruction is given in the form of clinical classes. The matron reports that since the adoption of this scheme the health of the probationers has been much better. The Royal British Nurses' Association has organised a similar course of lectures in London intended to be taken prior to entering as hospital probationers. This, however, in the present state of want of uniformity in training, would not obviate the necessity of attending the courses of lectures arranged by the hospital. Still more recently the London Hospital has arranged a seven weeks' course of a similar nature. We hope these will be successful, and result in the lightening of the work and the improvement of the health of the nurses who avail themselves of it. In time it will doubtless become more general.

We will now suppose that a probationer has concluded her three years' training. She has passed her examinations, has had experience of day and night duty, has worked amongst men, women and children, has an adequate knowledge of general medical and surgical nursing, and of all the various special departments. In all these spheres she is, presumably, not only competent to assume responsibility herself, but also to communicate her knowledge to novices.

If we have space we hope in another issue to refer briefly to the prospects which lie before the nurse when she has gained her certificate.

GLEANINGS FROM DISPENSARY PRACTICE.

By JOHN MCLACHLAN, M.D., B.Sc., F.R.C.S.

(Continued from p. 250.)

CASE V.—*Ulcer on Leg.*

J. M. had been treated for many weeks at an allopathic dispensary for an ulcer on the leg, during which time the ulcer was getting steadily worse. Some time before this the leg had been scalded, and before the scald was quite healed, the boy had received a kick on the leg, and this was said to have started the ulcer.

There were little pimples or papules around the ulcer, and these, the mother said, formed little ulcers, which gradually spread till they joined the large ulcer. The pain was said to be shooting and cutting, like knives. The ulcer and the parts around were very sensitive to touch. His feet were damp and cold, and there was much sweat on his head at night during sleep. The medicines that seemed most likely to help this case were *hepar*, with its "papular outposts," and *phosphorus*, which has "little ulcers outside big ones, some healing and some healed," and "ulcer below right knee, over head of tibia, surrounded by smaller ulcers." Very likely I should have given one of the above had it not been that Jahr, in his *Forty Years' Practice*, advises us to begin the treatment of all ulcers with a few doses of *sulphur*, whenever we have reason to suspect that some chronic dyscrasia (other than syphilis) is at the bottom of the trouble. That such was the case here I strongly suspected, as otherwise I believe the ulcer would have healed long ago. I therefore gave the boy a dose of *sulph.* 200, but practically made no other change in the treatment. I called four days later and was much pleased to see that it was healing beautifully, that there was no pain, and but very little discharge. The margin of the ulcer now presented, very characteristically, the "zones" observed in a healing ulcer, viz.:—

1. An outer zone of thin, opaque, milky-white new epidermis.

2. A middle zone, not so thick as the outer, opalescent and bluish in colour.

3. In the centre, a dark red zone, consisting of one or

two layers of epithelial cells, so thin that the colour of the granulations show through.

I need not follow all the details of the process of healing in this case, suffice it to say that in the course of four or five weeks the leg was completely and soundly healed, and has remained so to this day. The other medicines employed at varying intervals were *hepar* and *calcarea*.

Case VI.—*Colic from cold.*

Mr. Q., was troubled for a week or ten days with spasmodic pains in the abdomen, and a continual feeling of chilliness (it was during very severe winter weather). At first he had an icy-cold feeling at the pit of the stomach, due in the first instance, he thought, to leaning against the "composing-stone" (he was a compositor) while correcting "proofs." Soon after this cold feeling at the pit of the stomach, the pains in the abdomen came on. They were very severe, came in waves, and when present he could not stand upright, but felt he must bend double or press upon the part; further he must always have his food and drink hot, as the pains seemed to be relieved by the heat. I put a few drops of *colocynth* 60, into half-a-tumblerful of water and told him to take a dose every half-hour for four or five times, and then a dose whenever he felt the pains. This was in the evening, and next day he was quite well, the pains having entirely vanished. The only other medicine that seemed to be very like the case was *bovista*, and on looking the matter over after coming home, I was somewhat doubtful whether I had left the appropriate medicine or not, but of course the patient's report next day put the matter beyond question. In *bovista* we find "cold feeling in the stomach, as if a *lump of ice* were lodged there." Then its colic, "colic which causes the patient to double over, sometimes voiding *red urine*, and *relief by eating*." The red urine is not found under *coloc.* (nor was it present in my patient) and the colic of *coloc.* is aggravated by eating and drinking. Perhaps one ought to distinguish between food as such, and the *heat* the food conveys with it, my patient seemed to be relieved by eating and drinking, but the food and drink *must be hot*, so, in all probability, the relief was due to the heat.

Case VII.

One afternoon I was asked to go and see a little child, aged eight months. On examining the child, the case seemed, from the physical signs, to be one of commencing capillary bronchitis. One could hear fine bubbling râles ("sub-crepitant") at the bases of both lungs, the temperature was raised, and, worst of all, the child was unable to take the breast in the usual way, for every few seconds *it would let the nipple go*, apparently to get breath, and that, too, although the nose was quite clear. On this point, Farrington says, in his lecture on *antim. tart.*: "A nursing infant suddenly lets go the nipple and cries as if out of breath, and seems to be better when held upright and carried about. Now, this is the beginning of capillary bronchitis. . . . *Antim. tart.* here nips the whole disease in the bud."

When I told the mother, she was much alarmed, and wanted to set about making extensive preparations for poulticing and keeping the child in one room. I told her I did not think she need trouble, and put a few drops of the 9th potency of *tartar emetic* in half a tumblerful of water, and told her to give the child a teaspoonful every hour or so as long as it was awake. After a few doses the child went to sleep, and slept comfortably all through the night, and when I called the next afternoon it was easy to see that the whole disease had been "nipped in the bud;" the child was as lively as ever, and could now take a good long feed without letting the nipple go.

Compare *antim. tart.* with *chamomilla.* In both the child wants to be carried. In *antim. tart.* the child wants to be carried in an upright position (probably because it helps it to breathe better) in chest affections, but it cannot bear to be looked at or touched. During teething, children are often irritable and want to be carried constantly, but in this case *chamomilla* is more likely to be indicated. In *antim. tart.*, too, the child usually wishes to be carried by its mother; in *chamomilla* it is not so particular.

Observe also some of the conditions under which the child may let go the nipple.

1. It may be because the mouth is *too dry*; in this case *bryonia* is a very likely remedy.

2. It may be because its mouth is *sore;* if so then think of *borax*, but make sure that the nurse is not dosing the child with the time-honoured "borax and honey."

3. It may be because the *nose is blocked;* in such a case study *nux vom.* or *sambucus.*

4. It may be due to the presence of capillary bronchitis; if so then think as soon as possible of *antim. tart.*

Before closing this case I would like to say a few words about the use of *poultices* in acute affections of the chest. I think there can be little doubt that they do far more ultimate harm than immediate good, and I believe that even from the allopathic standpoint—and how much more from the homœopathic—they had better be avoided. What I mean by a "poultice" is some method of applying *heat and moisture*, e.g., linseed meal poultice. When mustard flour is mixed with the linseed meal, then it is no longer a simple poultice but rubefacient and counter-irritant as well. I will not go so far as to say that a poultice *never* does any good without doing more harm, though I think that cases requiring their use must be few and far between, and when they are used they should be applied with a *great deal of brains.*

Let us look for a moment at the inflammatory process in a vascular tissue.

1. There is a stage of *active hyperæmia* ("determination of blood to the part") with mingling of the axial and peripheral streams.

2. Increased transudation of *liquor sanguinis.*

3. Slowing of the blood stream, while the vessels become irregularly dilated and varicose.

4. Emigration of leucocytes through vessel walls (*diapedesis*). In experimental inflammations this diapedesis begins in 2 or 3 hours from the setting up of the inflammation, and it is mainly, or almost entirely, due to their own vital activity—their power of *amœboid movement*—and this is favoured to a very remarkable degree by the presence of heat and moisture. Now, if poultices can do any good at all, it must be during the stage of *active hyperæmia*, for when the stage of *diapedesis* is reached they can only do harm by favouring the emigration of leucocytes and their transformation into pus cells. I have not the least doubt that many cases

of empyema following simple pleurisy, and of pneumonic phthisis following a broncho- or a croupous-pneumonia are due to this blind worship of poultices. Why are poultices used so largely in the treatment of inflammatory swellings? Simply to bring the swelling "to a head," and it does so because the heat and the moisture favour the formation of pus. On the surface of the body this is of little consequence, but when in the pleural cavity or in the substance of the lung it is a very different matter. Under ordinary conditions the great majority of emigrated leucocytes return to the lymphatics or blood-vessels, but if the number be too great, or if the conditions are unfavourable for their return, they become pus corpuscles.

In this connection it is interesting to know that Arnold has demonstrated that *arnica*, given internally, has a marked tendency to lessen or prevent the emigration of white corpuscles, and in this way to prevent suppuration. This, no doubt, is one of the reasons why *arnica* is so useful after labour as a means of lessening the risk of puerperal metritis.

Case VIII.

This patient (an old lady of 60) I have never seen, as she lives about six miles from Oxford, and was too feeble to attempt the journey. The friend who came for her gave me the following history:—She (the patient) was said to have a "weak heart," and suffered very frequently from "attacks" resembling faints; these attacks frightened her attendants, as they feared she was at the point of death. Besides these faint feelings and frequent fainting fits, she had *flushes of heat* and numbness at times all down the *left* side. Her sleep was heavy, but otherwise she seemed to be in fair health. I gave the messenger a powder of *lachesis* 30 to give her *at one dose;* not knowing the old lady, and she being so far away, and considering the probable nature of the case, I thought it better to give the powder at one dose, instead of in divided doses, lest it might cause an aggravation. A week later I was told that she was much better, and that the medicine acted "like magic;" she has had no "attack" since taking it. I prepared another powder to be taken only in case of need; this she took three weeks afterwards (*i.e.*, four weeks after

the first dose, as there was a slight return of the old symptoms). I gave her a third powder to keep by her in case she had any return. From that time (April 18th, 1894) I heard no more of her till about two weeks ago, when her friend called for more medicine, as the attacks showed a tendency to return again, though they were not nearly so severe as during last year. All the three powders were taken at one dose each, and these three doses of *lachesis* 30 were all she needed for her weak heart and faints for more than a year.

Oxford.

PERITYPHLITIS.

By George Black, M.B. Edin.

I was called, on Tuesday, December 25th, 1894, to J. N., a labourer, æt. 77. His face alone indicates his age, being much wrinkled. His hair, which is still plentiful, is of a dark brown colour, and his teeth are good.

I found him in bed suffering from pain in the right side, as he said, and in conjunction with it there was vomiting.

Since his last illness—a severe attack of angina pectoris—towards the end of October, he has not been himself; has not felt strong, and only been able to get out upon the road once.

His bowels have been constipated, and his wife has occasionally given him opening medicine; he would go two and three days without an action.

The history of the present attack is as follows:—Yesterday he was feeling better than usual, and about 7 in the evening ate a mince pie which his daughter sent home and drank a cup of tea with it.

About 8 o'clock he went to bed, and was just getting off to sleep towards 9, when he was roused up by a severe paroxysm of pain, which seized him in the right iliac region, and which has continued ever since, at times diminishing, at times increasing, in severity, but never leaving him.

During these paroxysms the legs are drawn up and his face is expressive of much suffering. He has vomited several times. To-day he was given brandy twice, but each time it was rejected. The vomit, at least, that which I saw, was yellow bile.

He does not complain of thirst and his tongue is not furred, nor was his breath perceived to be offensive.

His wife had applied a flannel wrung out of hot water to the part, but it had given him little or no relief.

On asking him what the pain was like he said "it cutteth and sticketh," and on requesting him to point to its seat he placed his hand over the right iliac region, which on percussion was found to be dull as compared with the corresponding region opposite.

On palpation there was a feeling of tension and hardness, and tenderness was experienced on gentle pressure in the region of the cæcum.

He suffers from inguinal hernia of the right side, and some doubt may have been felt as to whether strangulation had taken place, but the time and circumstance of the occurrence of the present attack—after an indigestible meal, while in bed, its situation and the fact that the rupture was invisible—pointed in another direction. P. 60, intermittent; R. 32; T. 99.

Warm applications were ordered to be continued, either as stupes, poultices or hot plates; and for food, milk and water, cocoa, beef tea, mutton broth and gruel strained; while *bryonia* ϕ was to be given every two hours: two drops in a tumbler of water: a dessertspoonful at a dose.

Wednesday, 26th.—The severe paroxysms of pain left him between 11 and 12 o'clock last night. About 9 the pain was so severe that he told his son he could not last long if it were to continue. Till midnight he was very frequently sick, and vomited, but from that time till 5 the sickness abated.

At 7 o'clock he was given some milk and water warm, which was immediately rejected in a curdled condition. He had a little gruel fifteen minutes before my visit, which, so far, has been retained. The bowels have not acted. Urine has been passed two or three times without pain; it is rather high coloured, has a strong smell, but there is no deposit. His breath is rather offensive and his tongue slightly coated with a yellowish fur. P. 60, irregular and intermittent; T. 100·8. He points as the seat of pain to a spot about two inches to the right of the umbilicus, and from two and a half to three inches down. Here there is a swelling. Dulness begins about the level of the umbilicus and becomes absolute

at the spot indicated above. Continue the *bryonia* ϕ as before.

Thursday, 27th.—He has had a very fair night. There has been no return of pain since last visit, nor has he vomited, although he has felt sick once or twice. The bowels have not acted, but flatus has been passed *per anum*. In the early hours of the morning, between 4 and 6 o'clock, his heart troubled him, he experienced a feeling of tightness, as if something were swelling up about it. P. 80, very irregular; R. 34; T. 99·8. Tongue slightly coated with yellow fur, especially down the centre. He coughs occasionally and his breathing is laboured. Continued *bryonia* ϕ every four hours.

Friday, 28th.—Has passed a comfortable night. No pain of any consequence since last visit, either in the bowels or connected with the heart. He has coughed a good deal this morning, but it is loose, and phlegm comes up easily. No sickness; no action of the bowels; urine loaded with lithates; P. 80, very irregular; breathing easier; T. 97·8. His wife very foolishly gave him some raspberry jam two or three times after Valentine's meat juice to take the taste away! There is less dulness over the region of the cæcum than there was, and less tenderness. There is a good deal of rumbling in the bowels. Tongue coated with yellowish brown fur.

Saturday, 29th.—Slept well. Cough rather troublesome in the evening, but it passed off, and the night was quiet. No pain. Flatus has been expelled, but the bowels have not acted, nor has he any feeling as if they would. R. 32.; T. 99. Go on with *bryonia* ϕ as before.

Monday, 31st.—Has had two very good nights and days. The only time pain was experienced was during the passage of flatus through the bowels; as soon as it was expelled he became easy. Cough less troublesome. Abdominal rumbling continues. No sickness nor any feeling of sickness. He is now taking an egg beaten up in milk, Valentine's meat juice, cocoa and milk, a little jelly, and some hot water. His breathing is quieter and he looks better. P. 88; T. 97·4. There is less dulness over the cæcum than there was, and all tenderness is gone. Tongue slightly coated with yellowish fur. *Bryonia* 30, twelve drops in a tumbler of water; a dessert-spoonful every two hours.

Wednesday, Jan. 2nd, 1895.—Feels quite comfortable. Free from pain except during the passage of flatus through the bowels; then he gets a twinge, but as soon as it is expelled all pain is gone. P. 56; T. 97·8. Rumbling continues. Tongue moist and very little coated. Urine clear; no pain during micturition. The percussion note is resonant now over the region of the cæcum, and there is no tenderness experienced during palpation.

The friends were by this time becoming anxious, as ten days had elapsed since there was an action of the bowels. Their anxiety I also shared, more especially when I recollected that he had not of late been known to have a stool without the aid of opening medicine. *Trifolium pratense* ϕ four drops in a tumbler of water, a dessertspoonful every two hours.

Friday, Jan. 4th.—So far there has been no action of the bowels. "I took a dose of the medicine and it seemed to go to the right side and went no further, I took another and it seemed to stay there and cause pain." So he reported of himself, and when I learned in addition that he had vomited about midnight, although neither pulse nor temperature indicated anything amiss, I determined to stop the *trifolium*, go back to *bryonia* 30, and wait the result.

Saturday, 5th.—Word was brought me to-night that there had been no return of the sickness, but neither had the bowels acted. Continue *bryonia* 30.

Monday, 7th.—Has not been in any pain since last visit, nor has he been sick; but there has been no action of the bowels. Expresses himself as feeling better; has very little cough. P. 60, much less irregular and intermittent; T. 97·2. *Bryonia* 30, eighteen drops in a tumbler of water, a dessert-spoonful every three or four hours.

Tuesday, 8th.—The daughter called this afternoon and, greatly to my relief, told me that her father had had a natural evacuation of the bowels at 2 o'clock in the morning, and again at 6. In each instance the stool was normal in appearance and in consistence, being neither constipated nor relaxed, and was passed with scarcely any pain. On receiving this information, *bryonia* 30 was discontinued, and he received no medicine till my visit the following Saturday, January 12th,

when, on finding that there had been no relief since the previous Tuesday, the same medicine was again ordered to be taken. By evening the bowels acted, and they acted again the next day. Stop the *bryonia* 30 and wait.

January 21st.—Has been up and moving about the house. The bowels have acted more or less since my last visit. One day he had as many as three stools, which were soft in consistence; now he has been three days without relief. Begin *bryonia* 30 again and take till the bowels act.

Remarks.—The lessons to be learned from a case like the above are these:—1st, to be sure of one's self; 2nd, to be sure of the remedy; 3rd, to possess one's soul in patience.

I confess when ten days passed over without an action of the bowels that I began to experience a feeling of misgiving, and to wonder if the remedy would prove all-sufficient. There was no doubt, in my own mind, as to its being the simillimum, but whether it would therefore suffice was the problem that had to be solved.

In addition to the very natural anxiety of the friends accustomed, should a day or two elapse without an evacuation, to give a dose of castor oil or other laxative, one had to contend with influence in high places, and to feel that if anything untoward should happen the cause of death would be attributed to failure on the part of the doctor to give a dose of opening medicine at a time when everyone knew it was all that was needed to save the patient's life. Still, when I looked at my patient and examined him carefully, there was nothing in his condition, with that single exception, to cause me the least uneasiness. He was taking food well, and such things as he was allowed to have were retained; he slept well and was in no pain, so I endeavoured, as far as a man whose own faith is wavering can do so, to inspire hope and confidence, and inculcate patience.

When, however, twelve days elapsed, and matters still remained in a negative condition, faith gave place to doubt, and I determined to try what experience had already many a time shown me to be one of the safest and most reliable remedies in cases of constipation, viz., *trifolium pratense*, and very glad I am that it was this and not a dose of *castor oil* that I determined to give, for my belief now is, from the fact that this caused a

return of the pain and vomiting, that had *castor oil* been given instead, serious, if not fatal mischief, might have resulted.

I am also pleased by the reflection that I was able to perceive that a mistake had been made, and that along this road, if persisted in, lay complications with unforeseen issues of a gloomy character, and that courage was given me to hold my hand.

If another case of perityphlitis should come across my path this of this old man will sustain me against the importunity of friends and officious neighbours for at least a period of fifteen days, and possibly the few days more that one would be inclined to give with such an example to look back upon, would be sufficient to enable nature to restore the equilibrium through the influence of that remedy which is all-potent in every case of curable disease, namely, its true simillimum.

(To be continued.)

ON A CERTAIN AND CONSTANT SIGN OF EARLY PREGNANCY IN ALL CASES OF NORMAL GESTATION.

By George Burford, M.B.

Gynæcological Physician to the London Homœopathic Hospital.

I have long been struck with the innate conservatism of British medicine, which for many years has declined to allow its intellectual arena to be even troubled by homœopathy. In the same spirit, but to a lesser degree, there exists a decided tardiness in the ready assimilation of many new diagnostic and clinical points, of which I propose now to deal with one, viz., Hegar's sign, characteristic of early pregnancy.

The embarrassment often caused to the practitioner, and the frequent call for a correct judgment as to the existence of pregnancy in the earlier months are singularly accompanied by the almost total lack of characteristic physical indications at the command of the practitioner, independent of the patient's statements. Everyone can recall instances of the distress and alarm caused by even a suspicion of pregnancy, before the presence or absence of outward and visible signs have rendered even the lay diagnosis tolerably exact. And in

view of the frequently ambiguous and sometimes wilfully misleading statements of the patient, it is well to be furnished with a definite and constant test of ready application, and which relates to a condition invariably present and invariably diagnostic in all *uncomplicated* cases of early pregnancy. Hegar's sign is characteristic, constant, and of ready recognition in cases of normal pregnancy from the eighth week up to the third or fourth month, after which it is no longer requisite.

The enlarging uterus of early gestation does not seem to increase symmetrically, but to be characterised by a preponderant development of its anterior half. Vaginal examination in a normal instance of two months' pregnancy shews the cervix well back in the sacral hollow; and that portion of the uterus anterior to the cervix apparently about twice as bulky as the part posterior to the cervix. More than this; the uterine segment felt in the anterior *cul-de-sac* is bellied out from the cervix, exactly as an apple leaves its stalk; while the uterine segment felt in the posterior *cul-de-sac* is not bellied out, but seems to ascend much as a pear from its point of attachment. These are crude similes, but they exactly convey the difference of uterine segmental enlargement, as determined by vaginal touch.

Conjoined with this must be bi-manual palpation, when the size and relations of the uterus are further readily discernible. In this way—

(*a*). The cervix is felt well back in the sacral hollow, and commencing to soften.

(*b*). The uterine segment anterior to the cervix is felt as regularly rounded, uniformly soft, and filling up the whole of the anterior *cul-de-sac*.

(*c*). The uterine segment posterior to the cervix is felt much less developed as flattened, harder, rising from the cervix not rounded but obliquely.

(*d*). The uterus is enlarged and placed in a manner corresponding to the actual stage of the pregnancy.

This compound sign is absolutely diagnostic of early pregnancy, and the *tout ensemble* is found in no other uterine condition, normal or abnormal. I have known pregnancy thus diagnosed as early as the sixth week, and always by the eighth week Hegar's sign is sufficiently clear for definite detection. In the large gynæcological clinic at the London Homœopathic Hospital, I have for

some years practised this diagnostic sign, and have demonstrated it to my clinical assistants, and in numerous cases it has been to us of prime importance. Very many instances of doubtful or erroneous diagnosis have been in this way cleared up. Thus, in one case referred to me by Dr. Cavendish Molson, allopathic opinion had emphatically been given in favour of pregnancy, without, alas, any confirmation by Hegar's sign, or the course of events. In another case, where the exercise of this diagnostic measure had indicated early pregnancy, allopathic opinion again had asserted itself in favour of non-conception, until the occurrence of a miscarriage not long after attested sufficiently the value of our diagnostic basis. In cases where, as not infrequently happens, one pregnancy succeeds another, without return of menstruation, this reliable sign will put the doubt of the practitioner at rest.

I have said that this means of diagnosis is of prime importance in uncomplicated early pregnancy. When, however, the uterus is displaced backward, or the gestation is ectopic, this sign is not to be expected, in fact, few uterine conditions are so difficult to correctly diagnose as early pregnancy in a retroflexed uterus. It is a crux which ofttimes puzzles the skill and judgment of experts.

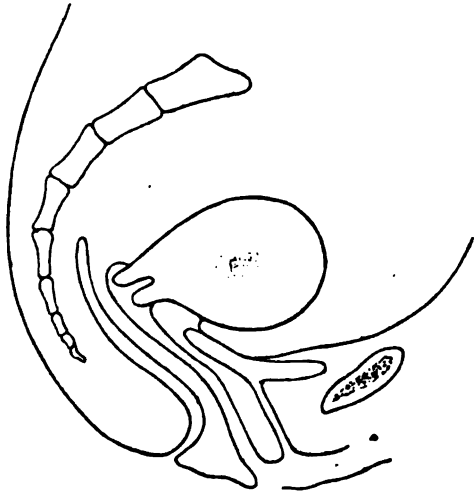

Fig. 1.—Shewing the physical characters of early gestation.

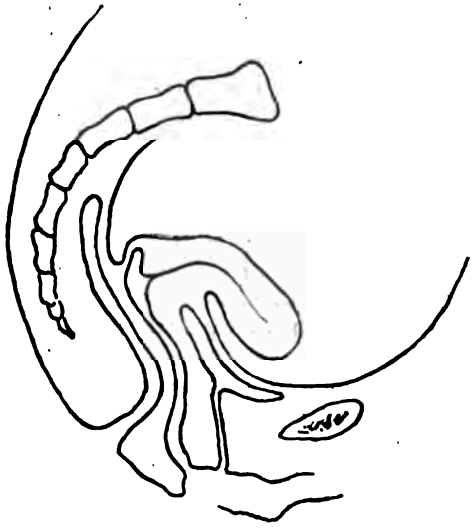

Fig. 2.—Shewing the physical characters of anteflexion (Schultze).

The only two conditions which resemble this apparent a-symmetry of the enlarging uterus are anteflexion and fibroid growths in the anterior wall. The difference between an anteflected and a pregnant uterus is well pourtrayed in the above diagram. In the case of anteflexion, there are wanting the rounded bellying of the uterus in front, and the general enlargement of the whole womb. While the conspicuous sulcus between cervix and corpus uteri, present in anteflexion, is totally obliterated in cases of early normal gestation.

The existence of fibroid growths in the anterior uterine segment is readily diagnosed from their hardness, their usually nodular outline, and their frequent multiplicity. Collateral evidence also is scarcely ever lacking.

Finally, this most valuable indication of early normal gestation is so styled because of its elaboration by that world-renowned gynæcologist, Professor Hegar, of Freiburg.

INFLAMMATION AND EMPYEMA OF THE ACCESSORY SINUSES OF THE NOSE.

By Dudley Wright, M.R.C.S. Eng., L.R.C.P. Lond.

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Paper III.

The clinical aspects of inflammation of the frontal sinus are well illustrated in the following cases :—

Case I.—*Relapsing Suppurative Inflammation of the left Frontal Sinus.*

Mr. A. McN—, sent to me by Dr. Moir, complained of repeated attacks of slight pain in the region of the left frontal sinus, usually coming on in the course of ordinary head colds, to which he was particularly susceptible.

The attack for which he came under treatment had commenced five days ago, during the course of influenza, the pain had been intense, and there was purulent discharge from the left nostril. The former attacks had usually lasted only three days and were not severe, but the present one was much worse than any previous one, had already lasted five days and shewed no signs of abating. The discharge was constant and the pain nearly so, with morning aggravation which was accompanied with coldness of the hands and feet.

There was much lachrymation of the left eye, great tenderness to pressure on the region of the sinus, especially over the upper margin of the brow. There was also an occasional spasmodic contraction of the left corrugator supercilii.

Examination of the nose shewed considerable hyperæmia and swelling of the mucosa, and a steady flow of creamy pus from the region of the sinus, appearing beneath the mid-turbinate bone, especially at its anterior extremity. After passing a frontal sinus syringe, and washing out with weak iodine solution, about half-a-tablespoonful of pus came away; this was done under cocaine anæsthesia and produced no pain or unpleasant sensations.

Aconite and *mercurius biniodatus* were ordered in alternation, and boro-glyceride lotion for local use. In

three days the patient had much improved, the discharge being much less. By the eighth day of treatment all discharge had ceased, and there was no pain.

A few days later the hypertrophied parts of the nasal mucous membrane were touched with chromic acid, and the patient ordered *aurum mur.* to be taken for six weeks. Up to the present time—2½ months—there has been no repetition of the attacks.

The next two cases have already been reported in this Journal as examples of the action of *aurum mur*,* so I will not do more than give the prominent symptoms here.

CASE II.—*Recurrent attacks of Acute Inflammation in the left Frontal Sinus.*

Miss R., æt. 39 years. Complained of periodic discharge from the left nostril, accompanied by severe pain in frontal region to which she had been subject for two years.

The attacks would come on suddenly, and were usually preceded by headache. Then would follow intense burning in the region of the sinus, worse by bending the head forward. Next a discharge of glairy, often blood-stained, fluid appeared. The attacks would last several days and leave her very weak, they were usually accompanied by some elevation of body temperature and hyperosmia and hyperacusis.

The patient was under my care for a considerable period, and had, on an average, one attack every month. During this time she received various remedies, and was finally put on *aurum muriaticum*. Since that time to the present, a period of more than eighteen months, she has been perfectly free from any of her former trouble. She continued taking the *aurum* on and off for about five months.

CASE III.

The next case is one somewhat similar to the last. The patient was an elderly lady sent to me by Dr. Moir, and was subject to severe attacks of pain in the left frontal region. There was a very gouty history, and the patient suffered from rheumatic arthritis. The attacks of which she complained would come on quite

* *Aurum mur.*, *M.H.R.*, March, 1894.

suddenly with irritation in the right ear, with slight bleeding from the same, followed in a short time by violent fits of sneezing, and pain, and a sense of weight in the left sinus. This would last for about a week, and be relieved by the discharge of brownish fluid from the left nostril.

Examination showed slight tenderness to pressure and a slight prominence at the inner and upper angle of the left orbit. In the nose there was considerable obstruction in the left meatus by a deviation of the septum. There was some eczema of the left external auditory meatus. Electric trans-illumination gave negative signs. Washing out the left frontal sinus through the nose brought away a small amount of pus and produced a pain behind and at the side of the left eye.

The patient was ordered *aurum* and *kali iodidi*, both of which appeared to do good. The *aurum* was given only for a period of four weeks, but since that time to the present—thirteen months—she has had no return of the attacks.

CASE IV.

The last case that I will give is an example of the chronic form.

Major M., æt 71 years, sent to me by Dr. Ord, of Bournemouth, had for many years suffered from symptoms of spinal trouble and intense headaches, probably the result of injuries received in the Crimean war. He now complained of profuse purulent discharge from the right nostril and obstruction of the same, which had been present three months.

The following history was given :—Three months ago he contracted a bad cold, which seemed to block up the nose. In order to remove this obstruction, he blew the nose very forcibly, which caused a sudden discharge of pus from the right side. This relieved the obstruction for the time, but the discharge has continued ever since. There has, at times, been slight swelling and pain on the right side of the nose, close to the orbit, and some slight frontal pain.

The discharge was at first purulent but afterwards became watery, and constantly dropped from the nose. It again became purulent, and lately has contained blood. It has never been offensive. There is considerable lachrymation of the right eye.

Examination of the nose was very difficult owing to the extreme narrowness of the nasal passages, and the insertion of the nasal speculum caused reflex contraction of the alæ nasi which increased the difficulty. All that could be made out at first was the existence of a polypoid growth filling up the right nasal meatus, which bled freely on touching with a probe, and was covered with thick creamy pus which flowed down from above.

By examination of the posterior nares, the right choana was found blocked with the purulent secretion, which trickled over the soft palate into the pharynx.

Under *cocaine* a part of the polypus was removed, free hæmorrhage following. *Kali iod.* and carbolic lotion ordered.

In ten days very little change was noticeable. There had been constant discharge of pus and blood since removal of the polypus. *Thuja* was ordered. After another ten days I saw the patient again, and found him in much the same condition. The *thuja* was continued both internally and as a lotion, ʒi. ad. oj. water, for the nose, and on his next visit he reported a slight improvement, and examination was made easier by the diminished size of the growth and less tendency to bleed when touched. The pus could now be seen distinctly coming from between the septum and mid-turbinate bone, and also from beneath the middle turbinate. *Aurum mur.* was now ordered and the *thuja* to be continued locally.

By the end of another three weeks the improvement was more marked, less pus being formed, but the obstruction of the meatus still existed. Probing failed to detect dead bone. Under *cocaine* I now scraped the region of the infundibulum and the ethmoid cells with a sharp spoon, a quantity of pus coming away and free hæmorrhage following. The parts were then thoroughly cleansed, and the frontal sinus syringe used.

The patient returned in three weeks very much improved. Since the scraping he had been able to get air to pass through the nostril, and there had been very much less pus. *Hepar. sulph.* was ordered for another three weeks, and the patient is still under treatment.

In this last case I believe that the ethmoidal spaces are attacked as well as the frontal sinus, otherwise it is

difficult to account for the appearance of pus coming from the superior meatus.

As is shown in the above detailed cases, the condition under consideration is usually preceded by an acute rhinitis. This extends and involves the frontal sinus, and then may disappear, or lead to chronic suppuration within that cavity. The supra-orbital pain is, as a rule, well marked in acute cases, though it is much less common in the chronic form, the complaint being then usually made of a sense of weight or fulness in the region of the sinus. The same holds good as regards the tenderness to pressure, the most tender spot, so far as my experience goes, being the under wall of the sinus—*i.e.*, the upper border of the orbit close to the nose.

The suppuration may extend to the ethmoidal cells, and also occasionally the pus finds a way into the orbit and causes protrusion of the globe. On the other hand, extension of the septic trouble to the intra-cranial structures has at times occurred in the form either of a purulent meningitis, or a localised abscess in the frontal lobe.

As regards treatment, this may be divided into internal medical, and local or surgical methods. Whilst the acute stage lasts, I believe that local treatment is better withheld, with the exception of the occasional use of the frontal sinus syringe to remove the accumulated secretion. It is doubtful, however, whether by this means one is always able actually to remove pus from the sinus itself, for under acute inflammation the mucous membrane of the infundibulum is often considerably swollen, and will thus prevent access to the sinus; but I do not think any harm can be done by the cleansing as long as only mild alkaline antiseptic lotions are used, and the clearing away of the secretions from the upper channels of the nose is certainly a decided advantage. It is, however, not advisable for anyone unacquainted with the anatomy of the parts, or unaccustomed to the intra-nasal use of instruments, to attempt to pass the frontal sinus syringe, as doubtless much injury to the parts might be caused by injudicious or unskilful efforts with that instrument.

The drugs most useful in the acute stage are those usually prescribed for acute inflammatory attacks of the nasal mucous membrane, and it is scarcely necessary to point out here their various indications. So far as pre-

vention of the occurrence of these attacks is concerned, I have not the slightest doubt that *aurum* is a valuable remedy.

I have also found this drug useful in the more chronic cases, together with *hepar sulph, sulphur* and *kali iod.*, according to their various indications, and it is in such conditions that the frequent use of the frontal sinus syringe is attended with much benefit.

When the process is of very long standing, and baffles internal treatment, and symptoms threatening cerebral mischief appear, or, owing to escape of pus into the orbital cavity exophthalmos is produced, local surgical treatment becomes necessary.

In such cases, the sinus may be opened either through the anterior wall just above the root of the nose, or else through the lower orbital wall. The latter position is, perhaps, the most convenient, as there is less likelihood of missing the sinus. A thorough opening into the nasal meatus should be established, through which a drainage tube can be passed, by means of which a perfect outlet for the pus is formed, and the cleansing of the cavity made easy.

A good number of such operations have been performed with success, and one need have but little fear of any serious consequences. When suppuration has ceased this tube can be withdrawn through the nose, but the frontal wound may be allowed to heal as soon as an easy passage for the tube is effected.

(To be continued.)

CLINICAL AND THERAPEUTIC NOTES OF RECENT CASES.

Reported by Dr. W. Theophilus Ord, Bournemouth.

Gouty Pains.—*Benzoic Acid.*

Major H., aged 68. For some years past has suffered from shooting pains in toes, worst in joint of great toe, which he ascribes to gout. He is a healthy man, rather pale, white hair, has never had acute gout or rheumatism, has been a teetotaler for ten years. The pains are very severe, almost making him call out, sometimes he gets them in fingers, running up forearm. There is no swelling or redness of joints. Pains are better in bed at

night, worse during damp weather. Bowels regular. He eats little meat. Water natural. The attacks of pain are getting worse, and now last three hours at a time. Has been given *piperazine*, but with little benefit.

After treatment for several months with *sulphur*, *mercurius*, *veratrum*, *colchicum*, with slight relief, patient began to complain of severe headaches, frontal and temporal, extending to back of neck. They were worse on waking in mornings, increased by talking, better keeping quiet. He was pale. The urine was still clear and abundant, but smelt very strong. Ordered *benzoic acid* ϕ tablets, one night and morning. In a few weeks he reported great improvement, and freedom from pain. Some months afterwards he wrote: "The gout seems quite to have left me; I have had freedom from pain for three months such as I have not enjoyed for six years previously." Patient shortly after had influenza elsewhere, and indulgence in port wine and beef tea for the resulting debility brought back a slight touch of gout pains, for which *benzoic acid* was again prescribed with relief, patient soon wrote that he was decidedly better, though there were still twinges of pain in both hands, but none at all in the feet where formerly pain was worst. Also that one of his toes had been quite doubled up, but that since taking medicine it had become almost straight again.

Gout of Hand.—*Benzoic Acid.*

Mrs. H., aged 62, housekeeper, has contraction of palmar fascia of right hand, especially affecting third finger. The finger has for the past year been numb, stiff, and contracted. She has now constant pain in it, worse on forcibly straightening finger, but better when finger is kept straight out. Patient is a florid woman, tongue furred, no signs of gout elsewhere. Bowels always loose. Water thick. Says the finger is a constant hindrance and annoyance in her work. The flexor tendons are thickened. For two months patient was treated with various remedies, of which *lycopodium* and *merc. cor.* relieved slightly; others had no effect; finger then seemed in much the same state. On learning that water was very strong and offensive, *benzoic acid* 1x was prescribed t.d.s. Patient did not return for three months, when she reported that finger was altogether

better and stronger, and seldom troubled her since last medicine. She complained of diarrhœa. *Merc. cor.* given alternately, with *benzoic acid.* In six weeks patient said the diarrhœa was much better, she does not feel finger at all now, but her water is still strong, though less so than formerly. Finger is not now contracted, and can be straightened at will; tendons less thickened.

Gouty Laryngitis.—*Benzoic Acid.*

John B., aged 54, formerly a sailor, now a colporteur. He is a florid man, well-nourished, with relaxed capillaries, a teetotaler. Twelve years ago he began to suffer from chronic sore throats and elongated uvula; this became so bad that, being almost unable to speak, he gave up his employment. He has spoken in open air a good deal, but not for some years. Has had homœopathic treatment without benefit hitherto. Never been free from discomfort in throat for 10 years. Complains of constant sensation as of a plug in throat at level of supra-sternal notch, with a sensation of weakness on speaking which prevents his using his voice. This feeling is aggravated after speaking a few minutes, and if he continues speaking the throat afterwards aches constantly and feels swollen internally. *On examination,* mucous membrane of pharynx and larynx appears reddened, soft and relaxed, with blue capillaries visible. Uvula much elongated.

Patient says there is no discomfort on swallowing either food or saliva, but throat is much worse in east winds or fogs. He has had bronchitis, never gout, but rheumatism 30 years ago in China. He suffers from biliousness sometimes and heartburn, when he thinks his throat gets worse. General health good, but fish always disagrees and makes him vomit. Throat-trouble so genuine that he often avoids speaking to people for fear of increasing his discomfort.

Patient was treated with various remedies for six months—*sulphur, rhus tox, carbo veg., ignatia, mercurius,* &c., including painting with glyco-tannic acid, with very little benefit. He refused to allow the uvula to be snipped.

Nov. 27th, 1894. Patient thinks his throat has been better lately, but felt it much during recent wet weather. He notices his urine smells very strong and offensive.

On this indication and the suspicion of an underlying gouty diathesis, *benzoic acid* ϕ gtt. j. night and morning was ordered.

Jan. 12th, 1895. Reported throat very much better, in spite of bad weather. He can speak longer without discomfort, sensation of plug and tiredness in throat gone. Voice does not give out as it did. Urine less offensive. Mucous membrane looks less congested. Repeat.

April 2nd, 1895. Throat has remained well during recent severe weather, and "is another thing altogether from what it was before last medicine." Can now talk for two hours without feeling it. Has continued *benzoic acid* steadily, except for a few days when he had a bronchial cold. Only feels it now slightly in east wind.

May 1st. Throat continues well.

Gouty Nodule.—*Benzoic Acid.*

Mr. A. C., aged 70, a vigorous man, no arcus senilis or signs of decrepitude. Never had acute gout, once had eczema of legs, liable to bronchitis in winter. His grandfather had gout. Patient has good appetite, all functions regular, has never taken alcohol. Fond of sweets, but was advised to use saccharin some years ago, owing to a slight pain in feet. For two months a warty growth, size of a pea, has been forming on outer side of right forefinger, midway between knuckle and second joint. It is horny, projects ¼ inch, with a thickened area about ½ inch in diameter, slightly red and inflamed, surrounding it. Occasionally there were pricking or shooting pains in growth, it was very painful if knocked or touched. Patient had several times pared it down with a knife, when it bled freely. The appearance of growth certainly suggested epithelioma. *Thuja* and *kali bichrom.* both locally and internally were tried in succession for some weeks without benefit. It was then observed that patient had some warty thickening of skin in patches on temples, also on knees; palmar fasciæ also showed signs of contraction, and there was redness of pulp of finger tips and palms. From these evidences of gout it was decided to try *benzoic acid,* which was given internally, in the first decimal dilution, the mother tincture being applied frequently to the growth. After six weeks of this treatment, the wart shelled out and dropped off,

leaving a thickened patch of crater-like shape, which also vanished shortly after. The gouty patches on temples and knees also disappeared. In eight months there had been no return, and no trace of former growth was discernable.

Sebaceous Cysts.—*Benzoic Acid.*

(1.) Miss F., aged 35, a chronic sufferer from spinal curvature, very neurotic. Lately noticed much pain about anus, extending up spine, there is a swelling which she fears is abscess. Examination revealed a sebaceous cyst at junction of anal mucous membrane and skin, about size of a walnut, hard but painless. *Hep. sulph.* 3x. had been given for some time without effect. Swelling caused pain on sitting, and was worse in damp weather. Ordered to paint with a saturated solution of *ac. benzoin* in alcohol. In a week tumour was softer, and in a month had practically gone, leaving only a little thickened skin at its former site.

(2.) Mr. B., aged 38, since childhood has had a swelling, size of a hazel nut, on left cheek. There is no pain, nor does it increase in size, but it is a decided disfigurement. To paint it three times a day with alcoholic solution of *benzoic acid.* After three weeks the swelling, formerly hard, became soft and flaccid. A few weeks later it had almost gone, but the thickened cyst with liquid contents could be felt under the skin. The improvement continued for some months, when the sac re-commenced secretion, and swelling increased to half its former size, though its contents were not now hard. Patient now desired its removal by operation.

(3.) In two cases re-current cysts of edges of eye-lids, popularly called "styes," were speedily removed by painting with alcoholic solution of *benzoic acid,* care being taken that none reached the eyeball. There was no return in either case; no internal remedy was used.

Reported by Dr. Washington Epps, London.

Polypus of Ear.—*Hepar Sulph.*

G. M., aged 8 years, has had an offensive discharge from right ear 14 days. Three weeks ago had earache. Child's mother put in a piece of warm bacon for this. The discharge is now yellow and very offensive; there is no pain. By speculum a bright red polypus can be seen.

Watch heard on left side at 30 in., on right side not even on contact. Patient has not had measles, scarlet fever or pertussis, but varicella last spring. She had gatherings in her ear when teething. Ordered *hep. sulph.* 6, and to clear out ear twice daily with perchloride wool. In twelve days the discharge was less, hearing had improved, watch now heard in right ear 6 to 7 inches. On examination, the polypus cannot be seen, and there was hardly any discharge visible. Six weeks later, ear was quite well. Watch heard 30 inches on both sides. No discharge. Tympanum perfect.

Chronic Morning Diarrhœa.—*Podophyllin.*

T. M., 49 years, a great snuff taker. He had typhoid fever 9 years ago. For the last five years has had looseness of his bowels. At first this was only immediately before breakfast, it then continued on and off all day, and now it also occurs very early in the morning. With the looseness there is neither pain, straining nor discharge of mucus or blood, and the stools are not specially offensive. His meals are taken at irregular intervals, but bowels do not move after them, nor does his diet affect the character of motions. Tongue is clean. Teeth fairly good. Patient has become very thin, and has a look of malignancy. Examination of abdomen, also rectum, gave a negative result. Ordered *podophyllin* 5x. He was cured by this in a fortnight, and has remained well ever since.

KOLPO-HYSTERECTOMY.

By Edwin A. Neatby, M.D.

Assistant Physician for Diseases of Women to the London Homœopathic Hospital.

(*Continued from page* 259.)

In my paper last month the history of kolpo-hysterectomy was first summarised and some points of anatomical interest were considered. The preparation of the patient for operation and the steps of the procedure in detail were then described. I now propose to pass in review some of the dangers and accidents of the operation.

The most common misfortune is that of wounding the bladder. This is ordinarily easy to avoid. When, however, the tissues are especially lacerable—as after

accouchement—and when there are adhesions or infiltrations, either inflammatory or neoplastic, the bladder may be injured before the operator is aware he is near it. The best way to avoid that viscus is to retain the sound in the bladder and to take note of its position constantly; to keep the scissors closely applied to the uterus, the finger being in the uterus if the outline of that organ is not well defined; and to use the finger for separating the tissues only when it can be done without using any force. The base of the bladder is mostly the part subjected to injury—frequently the rent occurs between the orifices of the ureters, and it may extend in any direction. It is usually extra-peritoneal, and in size may vary from a pinhole to half an inch or an inch long.

Unless the wound of the bladder is unusually large it may advantageously be ignored for the time being. The passage of urine (provided it does not come into contact with the peritoneum) does little or no damage, the orifice rapidly contracts and not infrequently entirely heals. If very large, or if the operations have been very short, and the patient seems well able to stand the extra time, the rent may be mended at the time. Should it be necessary afterwards to close the fistula, it must be left for two or three months until the vaginal cicatrix is thoroughly sound. Unless this is done the strain on the tissues, and perhaps injury to the scar by the needles or sutures, may cause it to break down, or may excite inflammation in the neighbourhood. In one instance the too early operation was followed by fatal results.

Similar injury is occasionally inflicted on the rectum. When this is discovered it should be at once closed by sutures, as much greater risk of septic infection is incurred from a wound of the bowel than from injury to the bladder. More troublesome and more dangerous than these frank fistulæ are secondary minute openings in bowel or bladder. These, happily, are rare; they occur from 5 or 6 to 21 days from operation, and may be multiple. They may be due to some partial injury to the wall of one of the viscera named, the tissue of the wall yielding afterwards. Or it may occur when no discernible injury has been inflicted. In these cases some unhealthy inflammation appears to

have been set up by the operation, ending in ulceration or sloughing of minute fragments of the wall of bladder or rectum. These orifices are sometimes termed fistulettes. In the third place the ureter may be damaged. Happily care will generally prevent this; in cases, however, where the broad ligaments are thickened by inflammation it may be impossible to distinguish this structure. The ureter may be wounded by tearing or may be included in the ligature. The injury is rarely discovered at the time; it is most frequently fatal. It is sometimes discovered after operation that a leakage of urine is taking place, and a vesico-vaginal fistula is diagnosed. On further examination the bladder will be found to be sound, and the only conclusion to be arrived at is that the ureter is wounded. It is practically impossible to repair the injury in this situation, and if the trouble is sufficiently considerable, nephrectomy is the only remedy.

Hæmorrhage at the time of operation is not usually alarming. In cases where the peri-uterine tissues are infiltrated, forceps or ligature may slip, or the vessels may, during operation, be impossible of isolation. Bleeding may occur in the latter case as soon as reaction sets in. In cases where clamps have been used, hæmorrhage may occur at the end of 36 or 48 hours, when these instruments are removed.

Bleeding at a later date, without any such obvious exciting cause—secondary hæmorrhage strictly so-called—is less common. It may occur, however, and may be fatal. In any of these cases prompt measures only are of avail. Ordinary surgical maxims must be carried out, the bleeding point must be searched for and, if possible, secured. Hot water douches up to 120° F. are of the greatest possible service; they contract the vessels and stimulate the patient. If the vessel cannot be found, and if the bleeding is due to more than general oozing, which is arrested by hot water, either the actual cautery should be used with care, or the vagina must be plugged with perchloride of iron, or iron alum crystals on wool.

Another unfortunate occurrence, which must be placed amongst the list of secondary accidents, is perforation of the bowel by the clamp forceps or by the drainage tube, where these have been used.

Of course, as in all abdominal operations, adhesions may occur between bowel and raw surfaces caused by the operation. These are not necessarily fatal.

In discussing the diseases for which vaginal hysterectomy is practised, it will be best to consider them historically. It was for uterine cancer that the operation first came into prominence, and it is for this terrible malady that it is chiefly performed in this country. Of its justifiability, and of its success in suitable cases, there is now no question. The important point is what cases are suitable both from the patient's point of view —that is to say, in respect of the ultimate results—and from the operator's point of view—that is to say, as regards the immediate success of the operation.

Clinically we class all forms of malignant diseases of the uterus together. It should be borne in mind, however, that sarcoma more frequently occurs here than was formerly supposed. As to the ultimate success of the operation, the variety of malignant disease influences the prognosis of the operation but little.

On the other hand, the situation of the new growth and the stage to which it has attained, are of the utmost importance. First, as to the situation of the neoplasm. Experience shows that in carcinoma of the body the results of operation are more satisfactory — *i.e.*, are more permanently beneficial—than in similar disease of the cervix. Other clinical facts are parallel with this. The interior of the body of the uterus is a tolerant locality compared with the cervix; injury to the cervix by operation or by natural events is, as is well-known, often smartly resented. The abundance of the supply of lymphatics leading directly from the cervix is the anatomical explanation of the clinical facts.

To put the same facts in other words—the adjacent cellular tissue, round the cervix and in the broad ligaments, are earlier infiltrated when the disease originates in that part of the uterus than when the body is first implicated. Consequently, therefore, cervical carcinoma is, *cæteris paribus*, less favourable for operation than that of the body. Another reason exists also to account for this fact. Malignant disease of the body, unless in the case of sarcoma, is clinically more likely to draw attention to itself than is that of

the cervix. At a very early stage a brownish or pinkish discharge, of a more or less fœtid character, raises a warning which it is dangerous to ignore. On the other hand it is not an uncommon circumstance, both in private and hospital practice, to find that disease of the cervix may progress so far as to be entirely inoperable *without having in any way attracted the patient's notice* until the last moment.

The typical case for kolpo-hysterectomy is one where the disease is confined to the uterus, whether cervix or body. That organ must be freely movable, and capable of being easily drawn down to the vulvar aperture, *i.e.*, peri-uterine adhesion and infiltration of the broad ligaments must be absent. The prospects are also better if the vaginal walls are entirely free and supple. The uterus must not be notably enlarged.

Such easy and favourable cases are not too frequently met with, but they do occur. Pronounced induration around the uterus should always be a bar to operation in the event of there being no urgent symptoms demanding palliation, quite apart from prospects of radical cure. Where such exists not only will the ultimate results be disappointing, but the actual difficulties of operation, the shock to the system and the loss of blood, are enormously increased—so much so as to render the operation tedious, and in some instances dangerous.

Slight induration of the vaginal walls, if not so extensive as to endanger the bladder, does not forbid operation. As to the size of the uterus, if the organ is movable, and if the enlargement is not wholly above the pelvic brim, it may be removed by *morcellement*. If the enlargement is entirely above the superior strait, the peritoneal investment is reflected so high up that the fingers fail to reach the fold, and great difficulty is experienced in being certain whether the peritoneal cavity is opened.

(To be continued.)

REVIEWS.

The Essentials of Homœopathic Therapeutics. By W. A. Dewey, M.D. Philadelphia: Boericke & Tafel. 1894.

This volume is arranged to cover the ground of homœopathic therapeutics by a series of questions and answers, classified under the headings of various diseases or morbid states. It

is written avowedly for students, and, we should imagine, as an examination text book; however, the author has also had in his mind the practitioner to whom a book of reference of this kind may be useful, and the volume suffers a little from the fact of its being written for two classes of readers. Thus it is necessary in a work for students to lay stress upon what is sure to be pretty well known to the experienced practitioner, and on the other hand to insert the more out of the way therapeutic hints which a practitioner might often be glad of would add so much to the labour of the student.

For all that there are many useful hints in the book, and its form, if a little undignified, is perhaps one which aids the memory better than that of a more formal treatise.

We have detected several printer's errors—or are they Americanisms?

Macrobiotic; or, Our Diseases and Our Remedies. By JULIUS HENSEL. Translated from 2nd revised German edition by Prof. L. TAFEL. Philadelphia: Boericke and Tafel.

THIS book is an ambitious attempt to establish such a theory of disease as will give definite rules by which medicine may combat it. The origin of internal diseases is ascribed to a "diminished electric force" caused by deficiency of oxygen, and this latter again may be due either to insufficient supply from without or insufficient absorption by the body. The author writes as a physician who is also a chemist, and founds his therapeutics strictly on his chemistry. He attacks with great confidence many of the strongholds of orthodox medicine. As early as page 8 he dismisses vaccination as inherently absurd. On page 5 he asserts that a deficiency of sulphur in the body leads to spontaneous generation of itch mites, and on page 8 he inveighs against anatomy being made the foundation of medical science. From which it will be readily inferred that the book is by no means uncontroversial. To follow in detail the author's argument is impossible in a short review. Of actual reasoning there is not much. The author is so persuaded of the obvious truth of his view that it appears to him to be sufficient to state it. Consequently we get pages of assertions, a due complement of assumptions, and so pass readily to "established conclusions." In the section of therapeutics a number of diseases are taken, and the appropriate treatment deduced from the author's view as to the causation of the disease is described. Broadly speaking, the treatment follows two principles. "Mineral salts" are given because they "give electricity and act as solvents," and iron, lime and sulphur to form new red blood corpuscles and so increase the

absorption of oxygen. A tonic prescription is often recommended, containing lime and iron protoxide combined with formic and acetic acids—the latter being "to correct the defective action of the spleen." Towards the end of the book some space is devoted to the views of Schuessler and Kneipp, and the volume ends with a list of the most effective physiological and hygienic remedies.

Altogether the book is decidedly interesting, as most downright statements and vigorous attacks on received opinions are; if there were more argument and less assertion, more proof and less assumption, the book would lose little in interest and would gain a great deal in convincing power.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The eighth meeting of the session was held at the College of Organists on Thursday evening, May 2nd. Dr. Byres Moir, President, in the chair.

Dr. Gibbs Blake was elected a Fellow of the Society.

The Society unanimously passed a vote of condolence with the family of the late Mr. Henry Harris.

Dr. Lambert showed a specimen of aneurism of the aorta obtained from a woman aged 56.

Dr. MacNish showed a specimen of malignant disease of the stomach, known as the india-rubber-bottle stomach, obtained from a man aged 85.

Dr. Galley Blackley read a paper entitled *A Knotty Case: Actinomycosis.* A girl, aged 18, was admitted into the hospital on October 24th, 1893, and was not discharged till April, 1894. The diagnosis and abstract of the case in the Case book was "probably influenza with pneumonia, bronchitis, nephritis, multiple abscesses and long continued diarrhœa, ceasing with opening of abscesses and discharge of pus—ultimate good recovery." Dr. Blackley entered very fully into the history of the case, drawing attention to the most prominent points in the course of the disease. After a review of the symptoms he gave his reasons for thinking that the case was not, as at first supposed, the sequelæ of influenza, but that there were reasonable grounds for thinking it was an undetected condition of actinomycosis, although the evidence of the "ray-fungus" was wanting. To support his views Dr. Blackley carefully analysed the pathology and symptomatology of actinomycosis. Dr. Lambert, Mr. Dudley Wright, Mr. Knox Shaw, Dr. Dudgeon and Dr. Epps took part in the discussion that followed.

Dr. Madden (Bromley) then read notes of *A Case of Severe Angina Pectoris*, with organic heart disease, markedly relieved by *cuprum*.

Dr. Madden next read a short communication on *Infantile Scurvy*. The first case was that of a seven months old baby, the two points of special interest being the fact that the disease came on whilst the child was taking humanised milk; and also its sudden onset with a feverish attack. The second case was a child twenty-two months old, and was one either of pure struma or struma combined with scurvy. The case had been sent up to the consultation day at the London Homœopathic Hospital, where a diagnosis of pure struma was given. Dr. Goldsbrough, Dr. Day, Dr. Edward Blake, Dr. Byres Moir, Dr. Hughes, Dr. Burford, Dr. Wilkinson, and Dr. Lambert took part in the discussion following the two papers.

NOTABILIA.

ANNUAL HOMŒOPATHIC CONGRESS.

The annual Homœopathic Congress will be held this year in Leeds, on Thursday, the 19th September. The usual circular, with full details, will be issued in July.

CROYDON HOMŒOPATHIC DISPENSARY.

Medical Report for 1894.

The dispensary was open four mornings in the week as usual. The number of patients entered in the books during the year was 1,589. The number of attendances was 5,000. This is exclusive of home visits, and shows a decided increase in the usefulness of the institution.

Medical officers, T. E. Purdom, M.D., C.M., L.R.C.P. & S., and J. Delépine, M.B., C.M.

DEVON AND CORNWALL HOMŒOPATHIC HOSPITAL.

We understand that the Committee of the Devon and Cornwall Homœopathic Hospital at Plymouth have appointed Dr. George Burford as Honorary Consulting Physician for Diseases of Women to that institution. It is much to the credit of the medical staff of the Hospital that this stands out so well among the medical charities of Plymouth; and we are gratified to know that in various ways our homœopathic colleagues are even seeking to extend and amplify the work in which they all take so keen an interest.

OXFORD HOMŒOPATHIC DISPENSARY.

From the twenty-second annual report, just received, we are pleased to learn the extended usefulness and efficiency of this institution, and, in spite of the loss of the late physician, Dr. Guinness, who, through illness, was unable to carry on the work, lost ground has been covered, and an increase of 128 patients is recorded.

The medical officer is Dr. John McLachlan.

CLAPHAM MATERNITY HOSPITAL.

(Under Medical Women.)

We have received the sixth annual report of this institution, and find that the admissions of patients to the hospital during 1894 were 302 against 274 in 1893, and the number of nurses trained was 42 as against 33 during the same period. The ordinary income, £1,121 0s. 10d., has been made sufficient to cover all expenditure, and the hospital begins a fresh year free of all debt, but an appeal is made for larger funds in order to carry out necessary and valuable improvements.

The resident medical officers are Miss Caroline Sturge, M.B. (Lond.), and Miss Winifred Westlake, L.R.C.P. (Edin.)

THE SEVENTEENTH ANNUAL REPORT OF THE CHILDREN'S HOMŒOPATHIC HOSPITAL OF PHILADELPHIA.

This little hospital is doing an exceedingly useful work. During the year 1894, 75 medical and 89 surgical cases were admitted.

Besides the in-patient department, there is a largely increasing out-patient clinic, which is not restricted to children, but open to all comers, as well as departments for every speciality; but here the cases of diseases of children are in the majority, 6,906 being seen, and the grand total of cases of all kinds seen at the hospital or visited at home reaches 22,997.

When we read such a pleasing record as this, we naturally reflect on our own work in the old country, and ask ourselves where is our Homœopathic Hospital *for Children?*

The answer at present is there is no *special* hospital for children, although in some of our institutions special wards are set aside for the use of children, and we hope that ere long a *special department* for diseases of children at the London Homœopathic Hospital may be commenced.

We are sure this would prove as attractive as the other special departments, for there has long appeared to us to have been no adequate provision for the study and treatment of diseases of the children.

STATISTICAL.

The Cook County Hospital, in Chicago, is a large institution of the workhouse infirmary type. On the medical staff are homœopathic, non-homœopathic, and eclectic physicians, each of whom has a considerable number of beds. *The Minneapolis Homœopathic Magazine* (May), quoting from the *People's Health Journal*, states that in this hospital, "from September 1st, 1894, to March 1st, 1895, the homœopathists lost three out of twenty cases of uncomplicated pneumonia, the eclectics six out of twenty-five, and the old school twenty-five out of sixty-two, and thirteen out of the first twenty. In the general surgical ward, out of twenty cases, the homœopathists lost three; the eclectics lost five from their thirty; and the allopaths, out of their thirty, lost six; in twelve cases of lock-jaw the homœopathists lost two, and the allopaths ten from an equal number; from a class of thirty cases of diseases of women, the homœopathists lost one, the eclectics three, and again the allopathic star was in the ascendant, for they lost six. From the Health Office records of Chicago it was learned that, during the month of January, the allopaths lost twelve cases of scarlatina out of one hundred and seventy-six reported, the eclectics one out of fifteen, and the homœopathists none out of thirty reported."

THE SOCIETY OF TRAINED MASSEUSES.

The Society of Trained Masseuses has been formed for the purpose of improving the training of, and organising an independent examination for, competent masseuses. It is hoped this may establish a more uniform standard of proficiency and qualification.

The council holds periodical examinations for candidates, who are required to produce satisfactory evidence of training and moral character. Candidates will be examined in the theory and practice of massage by two examiners other than their own instructors. Notice of the examinations will be given in *Nursing Notes*.

Successful candidates, after signing the required undertaking, will receive the formal certificate of the society, and will then be entitled to have their names placed on its roll.

Particulars can be obtained on application to Mrs. Arthur, Hon. Sec., Society Trained Masseuses, 12, Buckingham Street, Strand, W.C.

It is with feelings of great satisfaction that we note the formation of such a society. It supplies a great need, and we trust that, as it is a genuine effort to promote organisation and proper training, it may meet with the success it deserves,

and thus place the practice of this most useful calling upon a sound and irreproachable basis.

We would suggest, in order to give a standing to the society, that the names of one or two medical men should be added to the council.

MEDICAL ETHICS IN THE UNITED STATES.

Mr. Ernest Hart went to the United States as a Medico-Ethical Missionary two years ago. It was to sustain the so-called "Code of Ethics" of the American Medical Association against the opposition of the physicians of the State of New York, who refused to be bound never to meet a homœopath in consultation that Mr. Hart chiefly devoted his energies and his eloquence at Milwaukee and Washington. How completely he failed to make any impression upon the medical profession in America is evident from the following passage taken from an article on *The Code Controversy* in the *New York Medical Times*:—

"The code controversy will not down, and the American Medical Association will doubtless be obliged to modify its position in regard to it, to meet this change in views, which is rapidly growing, and which will result, if it goes on, in the disintegration and final annihilation of this august body.

"The Cleveland Medical Society and the Mississippi Valley Medical Association have recently joined the Medical Society of the State of New York in its onslaught upon the Code, and the combination must have a powerful influence in bringing the National body to its senses.

"What is known as the 'New Code,' which has governed the majority of the profession in this State for several years, and *no code* under which we have managed to exist for the last twelve months, have shown that codes, excepting the great unwritten code, which should govern the conduct of gentlemen, are of little consequence. A man should not bind himself so that he cannot be governed by circumstances, whatever they may be. All men should so conduct themselves that they cannot be justly termed quacks, neither should they be guilty of offending against a high moral sense.

"There is no doubt but that many physicians need education to a higher appreciation of their common ethical relations in life as well as between each other, and no code has been able to guarantee the faithfulness of its own adherents."

MEDICAL TERRORS FOR SOCIETY.

Dr. Gatchell, of Chicago, well known many years ago in connection with a medical journal published in that city, and since absorbed by *The Medical Century*, as "The Doctor who

Talks," has resumed editorial work on the staff of *The North American Journal of Homœopathy*. In the April number of that periodical, the Mark Twain of American medicine delivers his views on some of the various "scares" which are started by the medical press at one time or other, and are so well calculated to render our meals and amusements sources of anxiety rather than of pleasure.

Commencing with the oyster as a source of typhoid scare, "I don't think," said the doctor, "that they could have the typhoid fever. They lack the physical constitution and anatomical structure."

"Of what are you speaking?" I asked.

"Oh!" exclaimed the doctor, "I forgot that you were not present when Ferguson and I were discussing the subject. We were talking of the succulent bivalve that, with seasoning of lemon and horse-radish and chili-sauce, we carry to our mouths with a fork and swallow with a relish. If the witty Englishman who said 'he was a brave man who first swallowed an oyster,' were alive to-day, he would think that his countrymen of the *fin de siècle*, who persist in the gastronomic feat was even more courageous than the one who performed the act, for in the tight little island the report is now current that the American oyster is affected with the typhoid fever. In England they are all wrought up upon the subject, and Blue-points have fallen from grace, while the Whitstable native has taken its place. And all this, because last winter it was reported that some people in Connecticut had contracted typhoid fever from eating oysters. In one week of last month, only two hundred barrels of oysters were shipped from this country to England, whereas, in the corresponding week of a year ago, our highly-esteemed cousins took twelve times as many. So easy is it to get up a 'scare'! Why, several years ago, when General Grant, who was known to be an inveterate smoker, had lingual cancer, the cigar trade suffered all over the country; the sale of the weed was materially affected. But it was not long after the funeral before the men were smoking as furiously as ever. The public is easily scared, but it as easily recovers from its fright. The good people are now enjoying a new scare on account of our old friend typhlitis, newly dressed in robes of appendicitis. I speak in these terms, because I really think that the people really enjoy the excitement of guarding against and, as they think, escaping the hidden dangers that doctors always keep in store. Society wants excitement, society will have excitement, and society is willing to pay for excitement. By 'society' I do not refer to the earnest workers after truth and salaries, the people who

live in 'flats,' but the plutocrats of Michigan Boulevard, Dearborn Avenue and Ashland Avenue, and the aristocrats of Hyde Park and Kensington. These people constitute the society of which I speak. Each season they must have so many weeks of opera and so many charity balls, but so surely as these things must come, even so surely does society demand that the doctors shall provide for its entertainment a regular relay of pathological horrors. And the doctors are not slow to respond. For several years society was ruthlessly relieved of its ovaries, and those delicate organs, many of them, were removed from the pelvis and placed in pickle. Finally, society got tired of this diversion. It is an actual fact, which came to my knowledge soon after the occurrence, that a gentleman drove up to the office of one of our leading gynæcologists—the man who was Mark Twain's travelling companion as the 'Doctor' in 'Innocents Abroad'—and on greeting him said, "'Doctor, my wife is out in the carriage, and I want you to examine her case, but she says she won't come in unless you promise that you'll not remove her ovaries.'"

"Well," continued the doctor, as he shifted his seat and took a fresh supply of air, "promiscuous ovariotomy has had its day. Following that [craze, irrigation of the colon for coprostasis, and irrigation of the stomach for a dozen different things, became mere incidents in life. The orifices of the body, those that were not sufficiently guarded by sphincters, came to be guarded by pitch-forks. And still the people cry for something new, and more of that same kind of excitement. And still the doctors continue to gratify them. It has come in irritation of that anatomical appendage that is as useless as hair on your back, and possesses no more dignity than an angle-worm. Doctors have pointed out the new danger, and society is enjoying the excitement of averting it. It lends a real zest to life for a person to walk in the proud consciousness that he is daily cheating his appendix and getting ahead of the doctors by not swallowing grape seeds. For, like the little boy and the pins, this is the method they have adopted in order to save their lives. Moreover, like lingual cancer and tobacco, this fad has had its trade effect, for the fruit dealers report that it has materially affected the sale of grapes. A son of sunny Italy, who keeps a fruit store on Madison Street, and supplies the tourist trade, tells me that there has been a marked falling off in the number of baskets of grapes that he sells, and he adds that people make the explicit statement that they are denying themselves the indulgence because of the threatened danger to that portion of their anatomy that lies beneath Mc'Burney's point.

Ladies, who wouldn't for the world say 'leg' or mention the subject of kidneys, will tell to others the jealous care they are taking of their, ah, thing-em-a-jig, with a *nonchalance* that is truly delightful; while a person who has had his removed affects a superiority over the rest of mankind, that is extremely exasperating. There will soon be, I apprehend, a new aristocracy," concluded the doctor, "and on their crest will be engraved the mystic symbol A. R.—appendix removed."

THE MEDICINE MAN OF THE INDIANS.

A VERY confused and incorrect idea exists in the popular mind as to Indian medicine men. Generally speaking, the Medicine Man "Ulus-kee-kee-wen-nin-ee" is supposed to be a cross between a magician and a miserable humbug of a charlatan, with a large stock of brag and bluster to bolster his pretentions.

He is pictured with hideous costume and repulsive expression; he is supposed to cure by weird and demoniacal incantations, and is armed with noisy rattle and curious magical charms of snake or animal. This is the picture magician, or Shaman. He may be called medicine man as it applies to Indian "medicine" or magic. The Indian considers certain things as being "good medicine" or "bad medicine" for their owners.

But those who practise the Shaman art are not the true doctors, not what we pale faces would understand by the term "medicine man."

Now, many of the real doctors, 40 or 50 years ago, and in rare instances some of them can be found among Indians to-day, possessed medical and even surgical knowledge of no mean value. These men knew little of mineral remedies, but possessed remarkable knowledge of roots and herbs. These doctors practically served an apprenticeship; they studied, not from books, but from the hearing and learning of lessons taught them by their seniors, by the wise men. As the warrior learned wood-craft and to be skilful in battle, the orator learned the value of words and the art of elocution at the council fire, the hunter gave years to the mysteries and dangers of the chase, so the medicine man, or doctor, sought for rare and valuable herbs in mountain and valley, and learned from the wise the art of combining them in healing proportions to form a health and life-giving elixir.

The purging and sweating remedies of the Indians are very reliable.

There are also remedies for the cure of vesical and urethral inflammations, alterative remedies, expectorants, external

applications for bruises and wounds; poisons, to be used for their subtle toxic effects, and also remedies to counteract the poisonous bites of serpents, &c.

Counter-irritation, the use of the actual cautery, are also practised; surgical appliances, apparatus for the conduct of childbirth, methods for the comfortable transportation of the wounded, and last, but not least, considerable surgical skill in the extraction of bullets, arrowheads, &c. The hygiene practised amongst Indians, especially those governing the conduct of the menstruating woman, are remarkably identical with that contained in the Bible for the government of the ancient Israelites. The manhood, self-control and general intelligence of our North American Indians should not fail to win our cordial esteem.—Dr. Thornton Parker, *New York Medical Times.*

PURGATIVES AFTER ABDOMINAL OPERATIONS.

Dr. Championnière, in a discussion before the Société de Chirurgie (*Gazette des Hôpitaux*, No. 22, 1892), says it is at times difficult to establish a precise diagnosis between intestinal obstructions of various causes and true strangulation. In such case the administration of a purgative is a heroic measure to fix the diagnosis, and one offering no danger. He regards it as good practice to purge all patients as soon as possible after laparotomy. He admits that the rule may have its exceptions, but as a general thing this practice has given excellent results. Lawson Tait expressly recommends purgation each time the temperature goes up. Others as well as Championnière have adopted this method and have been satisfied with the results. It is admitted that where intestinal ulceration may predispose to perforation under the influence of a purgative, the latter should be withheld. He believes fully, in spite of the contrary opinion of Dr. Routier, that patients may die of intestinal paresis, and has observed cases which leave no doubt in his mind regarding it. Almost unanimity of opinion regarding the value of purgatives prevailed among the laparotomists who entered into the discussion, and most of them agreed that their early administration was advisable. The only difference between Dr. Championnière and his colleagues being that he purges as early as the day after operation, and many of them prefer to wait a few days.—*Medical Record.*

CREOSOTE IN METRORRHAGIA.

Dr. H. C. Aldrich reports the case of a woman, aged 36, married and the mother of four children, the youngest three years of age, who had had a miscarriage (at two months)

about a year before. Ever since the miscarriage her health had been poor, and she had more or less pelvic distress and discomfort, but no acute pain. For the six months previous to coming to him she had been troubled with an excessive menorrhagia, which had been constant for three months when he saw her, being, in fact, more of a metrorrhagia, so that she was decidedly anæmic, and while she continued to do her own housework she was not in a fit condition for that work. Coitus caused pain and aggravated the hæmorrhagic discharge, which was offensive and acrid, making the external parts decidedly sore. Examination revealed an enlarged uterus, a lacerated cervix and an endometrium, which to the touch, as determined by use of the sound, evidently had undergone fungoid degeneration; this latter condition being the cause of the metrorrhagia. She was advised to enter the hospital and have an operation for the repair of the cervical laceration and a curettage of the endometrium. To this she consented, but said that she had no one to look after her home and family and would be obliged to wait until a sister could come, which would be in about a month. In the interim he determined to use the indicated remedy and nothing else; so he gave her *creosote* 8x on disks, one disk every two hours, and in addition she was to take four times a day one tea-spoonful of bovinine in one-half glass of hot milk. One week later she reported as feeling better. The discharge was less and was not so markedly hæmorrhagic in character, being of a brownish hue and less acrid. At the expiration of the second week she said she had been noticing small membranous or fleshy particles in the discharge, which was more purulent and still less profuse than at the last report. To his mind, from an ordinary inspection of these membranous particles, they were the fungoid degenerations which were sloughing off and coming away. To conclude the report, at the end of the month it was entirely unnecessary for the sister to come or for the patient to enter the hospital, as the uterus had diminished in size almost to normal, the menorrhagia had ceased; in fact, all uterine discharge had disappeared, the pelvic discomfort was gone. The patient had gained in weight and strength and to all intents and purposes was a well woman, and has remained so until the present time.—*Minn. Hom. Mag.*, December, 1894.

THE STANDARD MALT EXTRACT.

The therapeutic value of malt extract is now placed beyond any reasonable doubt; it is an evaporated infusion of malt; taken with food its diastase aids in the conversion of starch into the variety of sugar termed maltose and dextrine, and as

a consequence assists enfeebled digestive powers. Hence it is of the utmost importance in estimating the relative values of malt extracts to ascertain the proportion of diastase which has been retained in the process of manufacture.

We can say that in the Standard Malt Extract diastase is the most important constituent, that it is agreeable in taste, a quality which can hardly be over-estimated, and, we understand, that it will keep well in any climate.

It is most useful in the case of wasting diseases or as a recuperative agent in an impoverished state of blood, and can be recommended to prescribers as a very agreeable and reliable preparation.

OBITUARY.

HENRY HARRIS, Esq.

We and, we are well assured, all who had the pleasure of his personal friendship, the advantage of his professional skill, or the assistance of his untiring energy in promoting their political and municipal views and aspirations, will hear with regret of the sudden removal from amongst us of Mr. Harris, of Camberwell.

Henry Harris was the son of a merchant in the City, and was born in London 57 years ago. His early education was obtained at the City of London School, his professional studies being pursued at St. Thomas' Hospital. He was admitted a member of the Royal College of Surgeons in 1869. Commencing practice at once in Camberwell, he was not long ere he found himself surrounded by a large and rapidly increasing circle of warmly attached friends and patients. Heavily handicapped as he was in the race of life by a curvature of the spine, contracted in childhood, with consequent stunted growth, and some displacement of the thoracic viscera, compensation was found in his possession of a superabundant supply of energy, a very high degree of moral courage, and a determination which no difficulty could daunt, together with an uniformly happy and cheerful disposition and a constant desire to make himself useful to others whenever an opportunity of becoming so presented itself. It was by sheer force of character, by a signal triumph of the mind over the body, by the thorough sincerity which shone so conspicuously through all he said and all that he did, whether in private social intercourse, in the performance of his professional duties, or in discharging those of a more public nature that he was enabled to get through so large an amount of hard work as he really did, and to be surrounded by so numerous a body of sincerely attached friends as he ever was.

In therapeutics he was a thorough but, at the same time, a liberal minded homœopathist. In his early years he was a careful and rigid follower of Hahnemann's method of carrying out homœopathy; but, while admitting the power of so-called high dilutions to influence the health of the body, in some instances, experience had taught him, as it has taught many others, that a homœopathically selected medicine is just as efficacious, and indeed often more so, when prescribed in more material doses than when given in such as Hahnemann insisted upon. He was ever a careful student of the Materia Medica, and an exact prescriber. He took a great interest in the work of the London Homœopathic Hospital and of the British Homœopathic Society, which he joined in 1871, and on the Council of which he was placed when this body was reconstituted two or three years ago.

In 1891 he presided over the British Homœopathic Congress in London with conspicuous success. His address on that occasion was one of which Dr. Ramsbotham, in proposing his health after dinner in the evening, said: "No one could have listened to the address and marked the learning, the persuasiveness, and the hopefulness for the future by which it was distinguished, without esteeming it a great privilege to have listened to him."

In 1888, at the request of a non-homœopathic medical neighbour and political ally, he delivered a lecture on homœopathy before the medical society of the district in which he resided. His paper was listened to with attention, and excited an interesting discussion, several of those who took part in it admitting that they had learned much regarding homœopathy that they had not previously known or even suspected. But homœophobia afflicted some members of the society, and these quietly informed the President that they would resign their membership if the subject of homœopathy were again introduced before them!

Of late years Mr. Harris had entered earnestly into the political arena. In 1889 he was President of the Brixton Liberal Association and also of the Liberal Club. In 1892 he entered the London County Council, being returned at the head of the poll with his friend Mr. Tayler to represent the Progressive party of the Brixton division of the Lambeth district. The *Daily Chronicle*, in recording his death, wrote of him—and we believe with perfect truth—as "the leader of the liberal party in Brixton." His friend and neighbour, Dr. Thompson Hague, in an *In Memoriam* notice of him in *The Brixtonian*, describes his political position in the following lines:—

"His politics were a religion with him, and he believed

that in attempting as much as one man may, to foster and to consolidate the feeling of brotherhood and its responsibilities among his fellow citizens, he was performing one of life's most sacred duties. So it was that he spared not time nor health nor money when engaged in leading the vanguard of the army of Liberalism in Brixton. Thus, too, he became a very effective platform speaker. His lips were not touched with the divine fire of eloquence, yet the very earnestness of his faith inspired his speech with life and vigour. Then a keen sense of humour and a wealth of anecdote prevented his committing the sin of dulness, and so he became one of the most effective if not one of the most eloquent of our local political leaders."

How much Mr. Harris was beloved by those among whom he lived, and with whom he worked, is touchingly expressed by Dr. Hague in the concluding sentence of this tribute to his memory. "I would not" he writes "sully with the impertinence of undue praise the memory of a friend who has passed to 'where beyond these voices there is peace.' But I knew him the soul of truth and honour, and one to be remembered by us, his friends, not as County Councillor, nor President, nor orator, but as one of the 'sweetest souls that ever looked with human eyes.'"

The same tender affection for him has been manifest in the numerous letters of sympathy which have been addressed to his sorrowing widow and children.

This life of incessant and purely unselfish labour, gone through in spite of much physical suffering, terminated very suddenly early on the morning of the 26th of April. Always more or less delicate, for some years past his health has been obviously failing. Dilatation of the stomach with excessive flatulence giving rise to imperfect nutrition, dyspnœa and cardiac weakness have been gradually increasing, and during the last six months have occasioned grave anxiety to all his friends. He had spent a week at St. Leonards with his cousins, Drs. Arthur and George Clifton, and with them returned to Denmark Hill on Thursday, the 25th of April, being able to see a few patients on that day. He spent a quiet evening with Dr. Arthur Clifton, and both retired at a little after eleven o'clock. Dr. Clifton was called up at two o'clock, when he found him to be beyond the reach of any medical aid, and in about twenty minutes he passed away.

Mr. Harris was buried in Norwood Cemetery on Tuesday, the 30th of April, amid all the indications of deep sorrow on the part of a large number of personal, professional and political friends. The medical profession was represented by Dr. Goldsborough—with whom he was at one time in part-

nership—Dr. Arthur Clifton, Dr. George Clifton, Dr. Chapman, Dr. H. W. Verdon, Dr. Hague and Dr. Knight.

Mr. Harris leaves a widow, four sons and two daughters, with whom the greatest sympathy is felt in their bereavement.

Dr. Pullar, formerly of Norwood, is his successor in practice.

CHARLES NEIDHARD, M.D.

It is with much regret that we learn, from *The Hahnemannian Monthly*, of the death of Dr. Neidhard, of Philadelphia, one of the oldest and most esteemed of the practitioners of homœopathy in the United States of America.

Charles Neidhard was born in Bremen in 1809. He was a member of an old German family in Ulm: the cathedral of that city contains a chapel known as the Neidhard Chapel, which is upwards of five hundred years old, in which are many memorials of the family whose name it bears.

He appears to have emigrated to America very early in life, and to have commenced the study of medicine with a Dr. Heister, of Reading, in the State of Pennsylvania. He then entered at the University of Pennsylvania, where, and at the State Hospital, he continued his medical curriculum. A serious illness occurring in consequence of excessive devotion to study, led to his enquiring into homœopathy. On his recovery he visited Germany, in 1834, and went to Leipsic, where, in 1835, he was admitted a member of the medical society. A year later he graduated at Jena, returning to America shortly afterwards. The year following he graduated at the college established by Dr. Constantine Hering—the Allentown Homœopathic Medical College.

He now entered actively into the practice of his profession in the City of Philadelphia, and joined in every important movement proposed to further the propagation of homœopathy. He was one of the original founders of the American Institute of Homœopathy—of whom we believe only two now remain. For three years he lectured on clinical medicine at the Hahnemann Medical College of Philadelphia. He also joined Dr. Hering in editing the *Philadelphia Journal of Homœopathy*, when this periodical first appeared. While engaged in extensive practice, Dr. Neidhard found time for making contributions to the literature of medicine, always, moreover, of a practical character, based upon the materials furnished by his very considerable experience. Of these, one of the best was his work on diphtheria, published in 1867; which formed one of the most exhaustive accounts of the history, pathology and treatment of the disease that had been published up to that time. In 1853, and again in 1858, Dr. Neidhard had to encounter an epidemic of yellow fever in Philadelphia, when

he was much struck by the valuable results accruing from the use of the *crotalus horridus virus*. This he gave in the second and third triturations. He subsequently published (1860) an essay entitled *On the Efficacy of Crotalus Horridus in Yellow Fever, also in Malignant, Bilious and Remittent Fevers*, &c., in which he gave an account of his experience. In a paper in the *North American Journal of Homœopathy* he recounted his experience in the use of *mephitis putorius* in whooping-cough. Hering's provings of this drug do not suggest it as a remedy in this disease; but, as these were all conducted with medicine in a more or less high dilutions, they were scarcely likely to do so. Dr. Neidhard, however, had been made acquainted with the case of a young man who had been attacked by several polecats, which squirted their juice all over his person. As a result he was nearly suffocated, and a spasmodic cough, resembling whooping-cough, followed. It had the characteristic crowing sound, lasted all night and returned several times. This gave him the clue to one of the uses of the *mephitis*, and he regarded his experience with it in whooping-cough as establishing its claim to rank as a valuable specific in some cases of that disease.

Probably the first account of the rise and progress of homœopathy in the United States of America published in this country, was that furnished by Dr. Neidhard to the *British Journal of Homœopathy* in 1844. In it he says, "We may safely calculate the number of homœopathic physicians in the United States at 400." Now, in 1895, the number would be under-estimated if put at 12,000. A degree of progress in effecting which our deceased friend took an active and useful part.

Dr. Neidhard had resided and practised his profession in Philadelphia for nearly sixty years at the time of his death, which occurred suddenly on the 17th of April, in the 86th year of his age.

M. le Dr. CRÉTIN.

In Paris the ranks of medicine in general, and of homœopathic therapeutics in particular, have lately suffered a grievous loss by the death of Dr. Cretin, which took place at Versailles on the 8th of February.

Dr. Crétin was born in 1820 at Villars-les-Blamont, Department De Doubs, among the Jura mountains, near the frontier of Switzerland. He graduated at Strasburg in 1845, after having passed through a distinguished career as a student. He at once returned to his native village, and there commenced practice. In a little while he found himself confronted

by epidemics of typhoid fever and of diphtheria; he found, also, that the measures upon which he had been taught to rely in endeavouring to promote recovery in these formidable diseases were disappointing in the extreme. His mortality was great, his chagrin acute. He resolved to abandon his profession in disgust, and was the more determined to do so by the attractions presented to him by the course of political events. It was in 1847-48 when Republican ideas were gaining ground in France, and were particualaly popular in the district in which Dr. Crétin practised, ideas, too, with which he ardently sympathised. Hence, to Paris, as the centre of the movement, he at once set out. There he found his friend Proudhon at the head of the journal *Le Peuple*. He assisted him in his editorial work for some time, when the *coup d'etat* put a sudden stop to his political and newspaper career, and he found himself in Paris in bad health and almost without resources. His friend Pierre Petroz desired that he should be treated homœopathically, and he consented to be placed under the care of Dr. Antoine Petroz. By Dr. Petroz he was cured, and by him was induced to return to the field of medicine, instructed in homœopathy and introduced to his patients. For the ensuing ten years (the last of Petroz's life), Crétin was associated with him in his writings and in his practice, and, after the death of his friend, his *clientèle* became largely and rapidly extended, and remained both large and influential until his retirement from practice a few years ago.

His contributions to the literature of medicine were rigidly critical, and as a polemical writer his powers were of a high order. Of these, one of the most striking and most brilliant, was that entitled *De l'Empirisme et du Progrès Scientifique en Médecine*. It was a reply to some lectures delivered by Trousseau before the Polytechnic Association, with the object of exposing the dangers of empiricism and charlatanism.

After the death of Petroz, Dr. Cretin devoted four years to the elimination, arrangement and attentive study of the various writings of his friend, and at their termination published a volume of them, together with a biographical sketch of their author. The publication of this volume he describes as being to him "a sacred—I may say, a filial—duty towards Antoine Petroz." In concluding his work he regrets its accomplishment in the following touchingly affectionate words taken from the preface:—"During these five years, I have seemed to live again with Antoine Petroz, and in his intimacy, hearing his voice, listening to his teachings, receiving his precepts. Now that the hour has come when I must separate myself from the sheets written by

his hand, the depositories of his thoughts, the objects of my studies through so many vigils, I feel as though parting from him a *second* time and for ever: *consummatum est.*"

One of the most important contributions to the study of homœopathy is that which he made to the International Homœopathic Medical Congress assembled in London in 1881. This essay, which appears in "The Transactions of the Congress," was entitled, "The Question of Doses: Hahnemannism and Homœopathy." It was a closely reasoned, thoroughly practical and carefully constructed piece of criticism of many of Hahnemann's views relating to what is known as "aggravation," the history of and the necessity for the use of high dilutions of medicine, his explanation of the homœopathic law, and others. Unfortunately this essay attracted but little or no attention, excepting from Dr. Léon Simon, in the discussion which took place upon it, and two or three others bearing upon the same subject.

The following are the conclusions Dr. Cretin drew from the careful analysis of the different questions he had raised:—

"By the name homœopathy I mean experimental, methodical, rational therapeutics. It is experimental:

"1st.—Because it draws its positive indications from a constant fact, the production by a drug in a large dose of symptoms like those which it cures on the sick in a small dose; this is the law of similars from which it draws its name.

"2nd.—Because the medicinal action is deduced from a constant experimental fact, the antagonism between the curative effects of a medicine in a small dose and its pathogenetic effects in a large dose; this is the law of medicinal actions.

"3rd.—Because it rests upon the study of the pathogenetic effects of medicines, produced by experiment upon healthy persons and upon animals, pure materia medica, not neglecting other sources of observation, toxicology and allopathic clinical records.

"It is methodical, because a knowledge of the pathogenetic effects of a new medicine allows us to state precisely the cases to which it corresponds.

"Lastly.—It is rational, because it rests on the two relations of likeness for the indications, and of antagonism between the action of the same agent in a small dose and in a large one, to induce the curative effect.

"Hahnemannism is the totality of the metaphysical, dynamic, and systematic speculations of Hahnemann on the substitutive homœopathic doctrine.

"Curative homœopathy is scientific therapeutics truly, and above all others, founded on experiment.

"Homœopathy has been trammelled in its scientific development, not by the cannon-ball of infinitesimal doses, according to the expression of Dr. Imbert-Gourbeyre, but very much by the mysticism and dogmatism of Hahnemann. I think I have contributed something towards clearing the route of these two obstacles.

* * * *

"Hahnemann has only caught a glimpse of homœopathy, as Moses did of the land of Canaan. He has not penetrated into his scientific domain, but he has 'marked out the first route, and opened the way to the most useful truth.' Carried away by his flight, he has abruptly and prodigiously glanced aside from it; he has even for a long time kept away from it the best intentioned, the most austere intelligences; but by his exaggerations and paradoxes he has only the more vividly raised the enthusiasm, excited the ardour, of his many and fervent disciples; he has only the more profoundly stirred opinion, the more rapidly charmed imaginations, the more surely forced attention to his novel method. Can it have been necessary that between the partisans of this and the representatives of traditional medicine, as between the Romanticists and the Classicists, the strife was the more infuriated and the more prolonged that their excesses might allow us to reach the precise point of the truth. Hahnemann has none the less given the impulse to the greatest medical reform of modern times. By dethroning empiricism and polypharmacy he has prepared the ground for experimental therapeutics. In borrowing its name from Hippocrates and from Hunter he has given to it, by a happy opposite meaning, the formula of positive indications. He has given to it its instrument in borrowing from Haller pure experiment. In his three great works on Materia Medica he has gathered all the knowledge acquired up to his time; he has enriched this treasury with a considerable number of facts due to his own observations and those of his pupils, and physiological discoveries since then have done nothing but confirm his gift.

"Is it not a colossal work, a work of genius and patience, which are one and the same thing? Already it has taken its place in history; time can only make it more majestic, more imposing. In cutting off from that work the mysticism and the dogmatism of Hahnemann, so far from lessening, we increase the reformer's glory.

"Has he not himself put us on our guard against his own errors in this admirable passage?—

"'The mission of the physician is not to fabricate systems by combining together hollow ideas and hypotheses based upon the internal essence of medicines and their curative

force; not by seeking incessantly to explain therapeutic phenomena by devouring them all in a flood of unintelligible words, and in a medley of observations whose dogmatic pomposity imposes on the ignorant. We have enough of these learned ravings. It is time that all those who call themselves physicians should cease to deceive unfortunate human beings by words devoid of sense, and should begin to act, that is to say, really to relieve and to cure the sick.'—*Organon*, p. 110, edit. 1883.

"Is it not a case of saying of Hahnemann what Fontenelle said of Descartes, and what I have applied to my dear and venerated master, A. Petroz, on separating from him on the question of doses?—'We ought always to admire him and sometimes to follow. It is even by following his principles that one is put in a position to abandon his opinions.'

"Between the principles and the opinions of Hahnemann, my choice has long since been made. I have never been, and I am not now, I never shall be a Hahnemannian, because I am, and I wish to remain, a homœopath."

In short, Cretin thoroughly believed in and practised homœopathy in "the strict sense." He fully appreciated the marvellous genius of Hahnemann, the vast obligations under which the art of therapeutics lay to him; while at the same time he was perfectly alive to his weaknesses and to his errors, both in observation and in judgment. His greatness was as clear to him as it is incontestable to all who have followed his teachings; but at the same time Hahnemann was human, and, *humanum est errare*.

The argument pervading this essay, and the conclusions to which it led, derive especial interest and force from the fact that Petroz, who induced Cretin to study and practise homœopathy, was not only a homœopathist but also a Hahnemannian; that he knew Hahnemann personally, and accepted his views on the questions here discussed, just as Hahnemann desired that all his disciples should do, doubting nothing. And further, we may be fully assured from the love and devotion which Cretin showed to Petroz, that had he been at all able to accept his opinions on the points referred to, he would gladly have done so. His work, therefore, was that of purely scientific criticism, the criticism of a perfectly fair-minded, able and accomplished observer, of one of large and well thought out clinical experience. Being all this, it is especially worthy of the careful consideration of all who undertake to add to our knowledge on the much vexed question of the dose.

In the enlargement of the Hôpital St. Jacques, Cretin took the deepest interest, and devoted himself with much energy

to obtaining the requisite funds for the purpose. The work he undertook he happily lived to see completed and prospering.

For several years his obviously declining health had excited the anxiety of his relatives and friends, but no one entertained any apprehension that the end of his life was so near, when an attack of influenza, which occurred during the severely cold weather late in January, was followed by an infectious pneumonia, which proved fatal on the 8th of February.

CORRESPONDENCE.

TALLERMAN-SHEFFIELD PATENT LOCALISED HOT-AIR BATH.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The points at issue between Mr. Tallerman and Dr. Percy Wilde seem to be—

1. Is Mr. Tallerman's bath arrangement an imitation of Dr. Wilde's?

2. Is Mr. Tallerman's bath arrangement a success in dealing with stiff joints.

To the former question an emphatic denial must be given. Nobody acquainted with both forms of baths would have the slightest difficulty in deciding this question. There is very little doubt but that Mr. Tallerman's cylinder is far superior to Dr. Wilde's "dish-covers," both as regards principle and details of management. I need only allude to the facts that Mr. Tallerman's bath is a *local* one, whereas Dr. Wilde's is *not*, notwithstanding all the latter says to the contrary; and that Mr. Tallerman's bath is on the Turkish-bath principle, whereas Dr. Wilde's is on the moist-heat principle. What passed through Dr. Wilde's mind when saying that a patient, placed inside a cylinder, the atmosphere of which was raised to 260° F., would feel none the worse for it, is very difficult to imagine. I suppose he was so engrossed by the idea of "putting down" Mr. Tallerman, that he allowed his temper to run away with his reason. His assertion that the temperature of the patient is not raised by Mr. Tallerman's cylinder is equally absurd and unfounded. I have lately had a patient undergoing a course of Mr. Tallerman's baths, under my own supervision. The temperature and pulse were taken before, in and after the bath, not once but every time during the six weeks the course lasted. The temperature was invariably raised by 1½—2° F., and the pulse rate quickened sometimes by as many as 20 beats a minute. A quarter of an hour after the bath, both temperature and pulse had fallen to what they

were before the bath. In order to more fully dispose of Dr. Wilde's objection to the baths, I am willing to publish a detailed temperature and pulse-chart, if necessary. The part of the body acted on in the case of my patient was an arm and a leg alternately. The patient was not wrapped in blankets.

A correct answer to the second question can only be given after the bath has been long and extensively tried and tested. It is not difficult to believe, however, that it is likely to gain a reputation.

Dr. Percy Wilde's attack on Mr. Willett [in the March number of your *Review*], one of the first surgeons of the present day in England, made as it is in a paper which Dr. Wilde well knows Mr. Willett is not likely to read, is unfortunate. Let Dr. Wilde attack a man to his face if he likes, but it is cowardly to do so behind his back.

I have only to say, in conclusion, that I am not a friend of Mr. Tallerman, nor have I any connection with him of any kind whatsoever. I have been prompted to write this letter in the interest of honesty and truth.

I am, yours truly,

Otto Holst, L.R.C.P., M.R.C.S. Eng.

Eastbourne, May 16th, 1895.

INTERNATIONAL HOMŒOPATHIC CONGRESS, 1896.

To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—In your number for August, 1894, you published a communication from the Committee appointed to organise the International Homœopathic Congress of 1896, inviting adhesions and soliciting contributions. A similar circular letter has been sent to all the journals and to most of the societies and institutions of the homœopathic world. Communications were to be addressed to me. Will you allow me now to state, that up to the present time, not a single one has reached me! I am of course taking private steps to secure essays for discussion; but it bodes ill for the success of the gathering that so utter a lack of interest seems to have been excited by its announcement, and so deaf an ear turned to the request made for aid. It is not too late for offers of papers, and I should be glad to receive them without further delay.

Yours very faithfully,

Richard Hughes,

Permanent Secretary.

Brighton,

May 23rd, 1895.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays, 2.30; Diseases of Women, Tuesdays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Diseases of the Throat, Mondays, 2.30. Operations, Tuesdays, 2.30.

Dr. COOPER, 30A, George Street, Hanover Square, would be obliged if any colleague who has applied for his pamphlet on *Problems of Homœopathy Solved*, will inform him in case of failing to receive it.

Communications have been received from Mr. SHAW, Dr. BURFORD, STANDARD MALT EXTRACT Co., Dr. COOPER, Mr. WRIGHT, Dr. ROBERSON DAY (London); Dr. HUGHES (Brighton); Dr. C. WOLSTON (Chislehurst); Dr. TALBOT (Boston); Dr. EBERSOLE (Chicago); Dr. MCLACHLAN (Oxford); Dr. ORD (Bournemouth); Dr. C. WHEELER (Surbiton); Dr. HAYWARD (Birkenhead); Dr. CLIFTON (Northampton).

ERRATUM.—In "Notices," May, for Dr. ROACH *read* Dr. ROCHE.

BOOKS RECEIVED.

Gout and its Cure. By T. C. Burnett, M.D. London: Epps & Co.—*The Homœopathic World.* May. London.—*Medical Reprints.* May. London.—*The Chemist and Druggist.* May. London.—*The Monthly Journal of Pharmacy.* May. London.—*The Calcutta Journal of Medicine.* February.—*The North American Journal of Homœopathy.* May. New York.—*The New York Medical Times.* May.—*The Eye, Ear and Throat Journal.* May. New York.—*Pacific Coast Journal of Homœopathy.* April and May. New York.—*Southern Journal of Homœopathy.* February and March. New York.—*The International Brief.* March. Philadelphia.—*The Hahnemannian Monthly.* May. Philadelphia.—*The Homœopathic Recorder.* April. Philadelphia.—*The Homœopathic Physician.* May. Philadelphia.—*The New England Medical Gazette.* April. Boston.—*The Medical Advance.* April. Chicago.—*The Medical Century.* April and May. Chicago.—*Medical Mission Herald.* April. Chicago.—*Southern Journal of Homœopathy.* May. Baltimore.—*Minneapolis Homœopathic Magazine.* April and May.—*The Denver Journal of Homœopathy.* April. Denver.—*The Homœopathic Envoy.* May. Lancaster.—*The Medical Argus.* May. Minneapolis. *Leipziger Populäre Zeitschrift für Homöopathie.* May. *Revue Homœopathique Belge.* February. Brussels.—*Bulletin Général de Thérapeutique.* May. Paris.—*Rivista Omiopatica.* March and April. Rome.—*Homœopathisch Maandblad.* May. The Hague.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

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THE NURSING PROFESSION.

In our last issue the various steps and stages of the career of a probationer in nursing were briefly referred to, and the former candidate was brought on her journey to the point where she must stand alone and face all the responsibilities of a trained nurse.

In addition to the personal qualities alluded to as essential in a nurse, we emphasised the need for a three years' course of training. This implies, of course, that before the completion of her term a probationer shall have had experience in all the various departments provided by a well-equipped general hospital. The three years' term is happily now almost universally recognised as the proper period of training. We do not for a moment question the honesty of such institutions as consider a shorter period adequate, but we deny the wisdom of such a course.

Granted that a probationer has passed her examination, received her certificate, and is thus fairly within the portals of the profession—is now a fully fledged hospital-trained nurse—what are her prospects? Where and how may she put into practice the skill and knowledge she has obtained? There are three chief spheres:—

(1.) In the wards of a hospital or infirmary.

(2.) In private families.

(3.) In "district nursing."

1. In the first class, that of hospital nursing, a trained nurse is usually eligible to apply for the post either of staff nurse or "sister." As regards her technical acquirements, every trained nurse should be

competent to take the post of "sister." It by no means follows, however, that by her personal qualities she is fitted to rule and guide a number of other women, trained and untrained, to teach the latter, and to cause them all to work harmoniously together. To ensure this a "sister" must have a good knowledge of human nature, a quickness to appreciate the salient points of the character of her subordinates, firmness to repress, yet kindness and forbearance in dealing with their failures, readiness to encourage them in their difficulties and successes, and to draw out their best efforts and desires. Again, a "sister" needs an evenness of temper beyond that required of a nurse, an energetic but well-balanced mind, and an orderliness of method for the good administration of her wards. Furthermore, she must show strict impartiality to her nurses and probationers. This, however, must not be understood to mean an absolutely mechanical uniformity of treatment. Some require more help than others. Some more quickly pick up one form of work than others—for instance, the domestic duties of a ward—and can pass on to more congenial or more responsible occupations. A judicious apportioning of the work in this way is one of the duties of a "sister," and here her discernment and *savoir faire* will find full scope. Such selection is not "favouritism."

On the routine of ward work it is not our intention to dwell. Each hospital has its own plans, framed to suit the requirements of its particular organisation. Before leaving the onerous but honourable post of "sister," we should remark that though less constantly in contact with the patients than is the staff nurse, she should have personal relations with each; should understand each case thoroughly, and should be always accessible to counsel or control.

To secure the qualities we have referred to in one individual is no easy matter. Much depends on the individual, but there is much to justify the feeling of some hospital authorities that they are most likely to be found in a woman of education and refinement and one whose surroundings have given her facilities for mixing with men and women of culture. In some institutions, for this reason, the "sisters" must be ladies in the ordinarily accepted sense of the term. As to whether it is more advisable to fill posts of importance and

authority like that of "sister" from the staff trained on the spot or from "outside," it is impossible to lay down any rule. It is obvious that disappointments must occur to someone whenever any vacant post is much sought after. If individuals of sufficient character are not found in the home staff, then, in the interests of the hospital, it is necessary to draw from other sources. If, on the other hand, suitable nurses are present amongst the staff nurses of the hospital, it is their due that preference be given to them; their colleagues must bear their disappointment, and the fortunate candidate will soon live down any little jealousy or unpleasantness due to her elevation above her peers. One guiding principle we think of sufficient importance to be laid down as a general rule in the selection of a "sister," viz., every "sister" should first have served as staff nurse.

The post of staff nurse in the ward of a hospital is, perhaps, at once the easiest and the most interesting position that a nurse can occupy. The easiest because she is familiar with her duties and has but a small amount of responsibility in the administration of her ward; the most interesting because she is brought into more constant and personal contact with the patients, that is to say, with actual nursing, than she would be in any other position. Her responsibility is lowest and her activity greatest. Speaking generally, this is the post most eagerly sought after by nurses. It is easily explained by the fact that the nurse knows exactly the kind of duties that will occupy her. She is acquainted with, and usually in friendly relations with, her fellow-workers, her remuneration is regular and sure, and the pleasing variety of cases removes all possibility of monotony.

As a sphere of usefulness this appointment is unequalled. The ceaseless gratitude which a good and sympathetic nurse invariably earns is the most valued reward of her devotion.

That a nurse's interest in her ward may be sustained it is essential that those in authority should, when once she has found her niche, leave her without change of ward as long as is possible. In many cases periodical change of the staff nurse is made at comparatively short intervals (*e.g.*, three months), in order to secure to the nurses a fair proportion of day and night duty. Such

alternations are least harmful where two nurses are permanently in charge of a ward in which they take day and night duty in turn. Although we allow that these changes are often necessary, we nevertheless regard them as a necessary evil—an evil which every intelligent and thoughtful matron will do her best to lessen.

The post of night-nurse, except in a few "special" cases, is of less interest than that of day-nurse, as a large part of the active work is in abeyance. The responsibilities, however, are in some ways greater than that of a day nurse.

With respect to the qualifications necessary to successfully fill the position of matron we need not say much. All that has been said concerning the qualities of a good hospital "sister" applies equally to the lady-superintendent. Perhaps the most important characteristic of all is that of impartiality. The greater the amount of power placed in the hands of any individual the greater the necessity for its unbiassed exercise. Except in small hospitals the amount of actual nursing done by a matron is *nil*. But that she may administer the nursing department with skill and judgment it is advisable not only that the chief officer be a trained nurse, but that she should have occupied the post of staff nurse and "sister." Without this, it is impossible for her fully to enter into the requirements of ward nursing and management, and to view questions both from her own standpoint as matron, and from that of her subordinates. It will be seen, then, that the matron is primarily the "mother" to the nursing staff, and only indirectly to the patients. It is part of her duty to give periodical and systematic instruction in general nursing to her probationers, illustrating her remarks, if need be, by cases at the time in the wards. One of her most important duties is to see that the health of the nurses and probationers is maintained, to encourage such friendly and confidential relations between them and herself as shall enable them at once to turn to her without hesitation for counsel and sympathy. One of the worst features so often seen in large institutions is the tendency which exists for the subordinates to lose their personality and to become, in the eyes of their chief, mere machines or numbers composing a working staff, rather than individual sentient human beings. Only

the watchfulness of a true woman in the place of matron can guard against this, and secure a home feeling in the midst of the business and rush of an institution.

We are glad to observe that quite recently efforts are being made to secure the services of hospital-trained nurses and sisters for the wards of workhouse infirmaries. This is an important step which does credit to the humanity of the authorities who have taken this initiative.

2. Within the last quarter of a century private nursing has developed enormously. Corporations of trained nurses, banded together for their mutual welfare, or in the employment of an individual have sprung up. An entirely new department in connection with many hospitals has been formed in the shape of a private nursing institute. From these homes or institutes more or less fully trained nurses are sent out to nurse the sick in their own homes. We say *more or less fully* trained nurses intentionally, for even at the present day institutions are formed which demand only a short and imperfect training of their nurses. Over private institutes and homes such as these neither the public nor the profession has any control. For this reason, as well as for others, it is to their interest either to ascertain the conditions upon which nurses are accepted, or still better to seek the aid they require at the private nursing institute of a recognised hospital whose regulations are made public. It is true that in a few instances a nurse is still furnished with a certificate after less than three years training. This is unfortunate, but if only certificated nurses are sent out the procedure is, at any rate, an honest one. What shall we say, however, of authorities, if such still exist, who, while recognising the necessity of a full training, supply to the public nurses ostensibly "trained" after but short periods of hospital experience? It is obvious that when a nurse has left the sheltering walls of a hospital she is vastly more thrown upon her own responsibility than ever before. For this reason the fullest possible training and the amplest experience is desirable.

An unusual amount of tact is called for in dealing with a possibly self-willed patient who probably regards the nurse solely in the light of a paid servant, in interviewing anxious friends, all full of ripe and impossible suggestions for the patient's benefit. A sick nurse in a private family is, like the doctor, admitted into

the innermost circle, and often into the most intimate and delicate confidences. It is only in a moment of forgetfulness that any nurse worthy of the name would in the slightest degree betray the trust reposed in her or misuse any information gained by the mere accident of being in the house.

It is a deplorable habit among many nurses to relate to their patients in glowing colours the incidents and details of previous cases embellished with names and possibly addresses. This cannot be too strongly condemned.

3. Through the thoughtfulness of religious and philanthropic societies skilled nursing has been brought to the homes of the poorest in most great towns, and in many country places by means of the District Nurse. In London, the District Nurses for the Poor may be said to be doubly trained. After her ordinary hospital curriculum, upon joining one of these institutions a new nurse is conducted round the district by the superintendent or one of the senior nurses and introduced to the work. She has, of course, none of the facilities which a hospital affords, and only the appliances which she can carry with her. Her work is more varied than that of a hospital nurse. On the one hand some part of her time will probably be devoted to some sanitary reform in the patient's apartment, while at the same time she seeks to cheer her patient and inspire him with higher and brighter ideals On the other hand, her strictly professional work will often extend to such duties as in the hospital are commonly undertaken by a dresser or house-surgeon. We cannot speak too highly of the great blessing and comfort it is to many patients of the very poorest class to be thus nursed and cared for in their own homes, or of the brave women who attend them so devotedly amidst such sordid and disheartening surroundings.

Within the last few years the plan of district nursing has been extended to those able to pay for such services —where the nature of the case does not necessitate a resident nurse. This has proved a great convenience to both doctor and patient; the method will probably spread widely.

In cases requiring serious treatment the skilled nurse is as indispensable as the physician or surgeon. So public safety requires that nursing shall be made a

career worthy of the best hearts and minds that are to be found among women, and demands that nurses shall be adequately supported, that a life devoted to nursing shall not entail an old age of dependence or poverty.

There are now two well-established Societies, both under Royal Patronage, which provide pensions or give pecuniary grants to their members, and in addition to these the committees of certain hospitals have arranged a scheme of awarding bonuses from out of their yearly profits to every nurse who has been duly trained and has been over four-and-a-half years in the service of the institution. Some such plan will no doubt be pursued by the other hospitals, whose interests are surely bound up in the well-being of their nurses.

The Royal National Pension Fund, 28, Finsbury Pavement, under the presidency of H.R.H. The Princess of Wales, prefers a special claim to our consideration, the chief object of which is to afford to nurses an absolutely safe means of providing, at the lowest possible cost to themselves, an allowance during incapacity for work caused by sickness or accident, and a certain income for their declining years. It also arranges that a separate trust may be created for the nurses or a portion of the nurses of any given hospital, and all moneys paid into the fund by such a hospital will be held for the exclusive use and benefit of the nursing staff. In this system of affiliation the nurses pay one-half of the premium, the hospital the other half, and so through the Donation and Benefit Funds the parent Society can nearly double the value of the annuity, but any nurse, whether belonging to a hospital or nursing institution or not, may join for a pension if approved by the Council and partake of all the benefits which accrue to its members. The conditions are arranged with considerable generosity, for should a nurse be out of employment, or for any other reason be unable to make her periodical payments, the Council are willing to meet the difficulty, subject to certain stipulations.

The Royal British Nurses' Association, 17, Old Cavendish Street, Oxford Street, W.; President, H.R.H. Princess Christian, offers many advantages to its members, and, though like the other Fund, it provides pensions and pecuniary grants, its general scheme is

somewhat wider reaching than the first named, as in addition to those substantial benefits already mentioned, it provides Homes of Rest, a sickness fund, a central Home for the use of its members, with reading room, library, &c. The Corporation also issues a Register of Trained Nurses, setting forth the name, address and qualifications of nurses who have applied to be registered whose qualifications are satisfactory. There is this great difference between the two Associations, that whereas in the Royal National Pension Fund the pensions are obtained through a form of insurance, and, speaking generally, are *for life;* in the Royal British Nurses' Association, the pensions are *free annual gifts*, purposed to be continuously given, but payment of which may be withheld for a time, or altogether withdrawn at the discretion of the Executive Committee.

In conclusion we have only to remark that these notes are not intended for the edification of nurses but to draw the attention of medical men to the state of perfection to which the training of nurses is in process of attaining. It behoves them, in seeking the services of a nurse, either to know something of her personal career or to be acquainted with the course of training adopted at the institution whence they obtain the required help.

We wish every success to the nursing profession and all its members, and cordially acknowledge the indebtedness of the representatives of medicine and surgery to them.

ON THE INFLUENCE OF IDIOSYNCRASY IN INCREASING OR LESSENING THE SUSCEPTIBILITY TO THE ACTION OF DRUGS ON THE ANIMAL ORGANISM.

By Charles Harrison Blackley, M.D.

In discussing with some of my brethren of the old school the general question of the proving of medicines on the healthy, the following queries have more than once been put to me:—"Are not some of the symptoms you get in your provings sometimes due to the exceptionable susceptibility of the person experimented upon, to the action of the drug which is being tried at the time—in other words, to idiosyncrasy? If this be so, are the symptoms you get in such a case to be considered as reliable indications for the use of the drug in the cure of disease?"

My reply to these queries has usually been that "I recognised to the fullest extent the influence of idiosyncrasy in determining the susceptibility of a patient; but, if the action of a drug has been manifested in the same region of the body, and on the same organs, whilst, at the same time, the nature of the action has been, more or less, only an intensification of its effect upon a less susceptible patient, I thought it must be accepted as a reliable indication." Moreover, I hold that, in some instances at least, this intensified effect gives an insight into the action and range of a drug that cannot be obtained with less susceptible persons.

Every physician of experience, in the homœopathic section at least, will have had ample testimony of the widespread variation there is in the susceptibility to the action of medicines. In some cases this amounts to almost complete insensibility to the action of some drugs; whilst in others it is extremely acute; and, if this latter is to be taken as a mark of idiosyncrasy, any great degree of insusceptibility to the action of a drug, or any form o poison, must be taken in the same sense. If it had been contended that complete insusceptibility to the action of any particular drug, when tried by the usual methods of proving, should be a *primâ facie* evidence against its use in attacks of disease, in the person who is the subject of the experiment, I could better have understood the contention. Even in such a case, however, I think it can be shown that, under some circumstances, the drug may be found to be very serviceable in the case of disease.

Since the conversations above alluded to, I have paid considerable attention to this question of idiosyncrasy, and its influence in determining the susceptibility of patients to the action of drugs, and of animal poisons; and I propose in this paper to give some examples that, in the course of my enquiries, I have culled from the literature of this subject, or have obtained by other methods of enquiry. In my own case I have had some experience that helps me somewhat in both the directions indicated. On the one hand I am so little susceptible to the poisonous action of *arnica*, when applied externally, that I can bear to have almost the pure tincture applied to the skin without its producing any troublesome amount of disturbance. I need hardly tell my colleagues of the homœopathic school that to follow this plan with

all patients would, now and then, lead to very serious consequences. On several occasions, when I have had injury done by some accident, *arnica* has been very helpful to me. One of the most notable of these occasions was when I had concussion of the spine, from a fall in the snow, in the winter of 1892-3. On this occasion every muscle connected with the chest and abdomen seemed to have been fearfully strained. The shock to the stomach also was so severe that no solid food could be taken for several days, and even a few tablespoonfuls of fluid food would, for some time, produce acute pain in the pit of the stomach, along with severe nausea. For some days the slightest movement in bed gave great pain in all the muscles connected with the vertebral column. *Arnica* 1x, in drop doses, was taken internally, and *arnica* in the form of liniment (made from the mother tincture) was used externally on each occasion when I was operated upon by an experienced masseur.

Considering the severity of the shock and the intensity of some of the symptoms, the recovery was rapid and complete, and when we take into account the tendency there is for accidents of this nature to set up and leave behind mischief that is not readily got rid of, it is quite fair to conclude that the recovery was greatly assisted by the free use of *arnica*.

In the *Cyclopædia of Drug Pathogenesy* a notable example of insusceptibility (for a time) to the action of a very insidious and penetrating poison is given.

"The patient (aged 37) has been a house painter since he was 17, and enjoyed good health until six years ago, when he had violent colic, followed by paralysis of the hands, cramps in hands and wandering pains in the body. He had a second attack four years ago; the following year he had another, and his fourth a year after."*

Here, apparently, the patient remained free from the symptoms of lead poisoning for a period of sixteen years after he began to be in daily contact with the poison in the pursuit of his business.

Another remarkable example of insusceptibility to the action of this powerful poison is given by the late

* *Cyclopædia of Drug Pathogenesy*, vol. iii., p. 663. London: E. Gould & Son. 1890.

Sir Thos. Watson. When speaking of the action of lead, he says:—

"No doubt there are great differences in the susceptibility to this effect of the poison of lead. Persons have been known to suffer colica Pictonum, in consequence of sleeping a night or two in a newly-painted room. On the other hand, I have myself seen a patient who became affected with the disease for the first time after working with white lead for nineteen years."*

Two cases of remarkable insusceptibility to the action of a powerful animal poison were detailed to me by a lady patient who had herself been the subject of lead poisoning. This patient could not at all understand why one person should be affected in so severe a manner by a very minute and tasteless dose of a metal in common use, whilst other persons could escape the action of a very powerful animal poison.

One of the cases was that of a nephew of the lady referred to above. He was a youth of between eleven and twelve years of age and lived near to where bees were kept. These he could handle with impunity, and sometimes amused himself by getting possession of a handful of them and carrying them about from place to place. The remarkable thing was that he seldom got stung, unless when he handled the bees roughly, and then only a slight swelling and redness was the result of the stinging.

The second case was that of the wife of a toll-bar keeper. The wife and husband were bee fanciers, and generally had several hives in their possession. The wife could attract the insects to her in such numbers that they would sometimes half cover the upper part of her body. It rarely happened that she got stung on these occasions, but whenever this did happen she suffered very little inconvenience from the stings. With the husband it was quite otherwise, and when I come to speak of the extreme susceptibility of some patients to the action of this poison, I shall refer to this case again.

Complete insusceptibility to the action of any one drug is a comparatively rare occurrence in human beings; but, from the cases I have given above it will be seen that it

* *Watson's Lectures on the Principles and Practice of Physic*, fifth edition, p. 556. London: Longmans, Green & Co. 1871.

does occasionally occur. My own case is the nearest approach to complete insensibility to the action of *arnica* (when applied externally) that I have met with. On the other hand, I am extremely sensitive to the action of some medicinal agents when applied externally, or taken internally. To one of these I shall refer further on.

In the lower animals also we find evidence of the insusceptibility to the action of some poisons. An example of this occurs in the case of rabbits. It is said that these animals do not show any of the usual symptoms of poisoning when they take the belladonna plant as food. This plant, as is well known, is, along with its active principle, *atropin*, a very powerful poison.

The American skunk (*Mephitis mephitica*) is another example of one of the lower animals that is insusceptible to the action of the powerful animal poison referred to above. The making of honey is, in some parts of California, quite a business amongst the farmers, but the success of the bee ranches, as they are called, has, in some places, been materially interfered with by the depredations of the above named animal. It is said that the skunk is not affected by the sting of the honey bee, and having a curious propensity for devouring the living insect, whenever it can get near the hives, it can indulge this propensity without having to pay the usual penalty if it gets stung.

If it were possible, it would be interesting to ascertain how and when this insusceptibility, in the case of these animals, had been acquired. That is to say, whether it is a quality that has been acquired by the slow process of evolution, or whether it has been acquired in a more rapid and accidental manner, in a way that might be made use of to bring about the same degree of insusceptibility.

Judging from some few cases that have come under my own notice, there is no doubt the same difference in the susceptibility to the action of the various exciting causes of contagious disease exists. In one case that I call to mind, all the children in a family were exposed on more than one occasion, to the contagion of scarlet fever, but all, with one exception, escaped the malady, and, in that case, the attack was so mild that it was not recognised as scarlet fever until the skin began to desquamate and the urine was found to contain albumen.

In another case the patient was exposed with a younger brother to the contagion of small-pox. The younger brother took the disease, and had an attack approaching the semi-confluent form, whilst the elder brother escaped altogether. This latter was afterwards vaccinated with fresh vaccine lymph on three separate occasions, and on each occasion the operation was unsuccessful, notwithstanding, that in every instance in which the same lymph was used for other children the operation was perfectly successful.

These examples of insusceptibility to the action of drugs and animal poisons might be multiplied indefinitely, but these will be sufficient to show that at one end of the scale we have in some instances a high degree of insusceptibility.

At the other end of the scale, there is still more abundant evidence of the extreme susceptibility to the action of drugs and various forms of animal poisons that some individuals have. Of these I will give a few instances, and then endeavour to see what are the lessons all these cases seem to teach us.

In a case that I have had under my care lately, a very small dose of the poison seemed to be sufficient to set up troublesome symptoms. For some time the source of the mischief could not be traced, but after considerable trouble and perseverance it was found that the patient was occasionally supplied with a cup of tea made with water that had been stored in a lead cistern. When this water was examined by an analytical chemist, it was found to contain lead; but this was in very small quantity—rather less than 1,300,000th of a grain to each grain of water.

In another case, the patient drank water that had been kept in a cistern lined with cement, but did not discover for some time that the pump which was used to draw water from this cistern had a lead suction pipe attached to it. This pipe was constantly immersed in the water in the cistern, so long as there was any water in it. In this case, the analysis gave only the faintest sign of the presence of lead. The patient, however, immediately after beginning to drink the water, commenced to suffer from some of the milder symptoms of lead poisoning. These, at first, assumed the form of severe mental depression, as if some great and over-

whelming misfortune was about to happen to him. Along with this symptom there was an indisposition to engage in any kind of mental or physical labour, and very little work of either kind seemed soon to exhaust him. These symptoms were followed by a loss of power in the left hand, with considerable gouty swelling in the wrist; but there was no redness, such as is usually seen in ordinary attacks of gout. The pain, however, was very severe, and was of a violently neuralgic character, extending more or less from the shoulder to the tips of the fingers. The right arm was also affected, but in a much milder degree. As soon as the water from the cistern, alluded to above, ceased being used, the symptoms began gradually to lessen. The swelling in the wrist was the first thing to disappear, then the loss of power in the hand began to lessen, and afterwards, the neuralgia improved rapidly.

In the history of the effects produced by animal poisons there is also shown to be a great difference in the amount of susceptibility in the same individual at different periods. An example of this is given in the *Cyclopædia of Drug Pathogenesy*.* "Alexander S. Baker, farmer, * * * had always been accustomed to work among bees, had been stung repeatedly; never with any serious effect, except slight swelling, which disappeared after a few hours. In August, 1858, he was stung on the tip of the nose. It instantly struck through the whole frame like an electric shock, thrilling the ends of both his fingers and toes. He immediately started for the house, distant about three rods, which he reached with difficulty, being scarcely able to walk, staggering, mind bewildered, head felt big, confused. Upon reaching his home his heart palpitated violently, so as to be sensible to himself and audible to those in the room; faintness, deathlike prostration, which continued for half-an-hour, accompanied with intense anxiety and distress at stomach, oppression of the chest, dyspnœa, short rapid breathing, pulse accelerated; nausea, followed by yellow bitter vomiting, in forty-five minutes after the accident. At this time had a chill, with shivering, accompanied by a terrible racking pain all through the head, with increased prostration, no pulse at the wrist, jactitation

* *Cyclopædia of Drug Pathogenesy*, vol. 1, p. 317.

of the muscles, complete loss of consciousness, followed after half-an-hour by flushes of heat, mixed with chills. Skin extremely sensitive to contact, painful to the slightest touch, could not bear the sheet upon him, red and white blotches over the body and extremities, like nettlerash. After lapse of three hours he recovered consciousness, and the headache gradually disappeared, leaving him much prostrated, unable to concentrate his mind, with confusion when attempting to read or study, lasting some weeks, and attended by frequent attacks of vertigo and blindness.

"In September, 1859, the same man was stung again in the same region, producing the following symptoms:—Sudden prostration, with coldness; pulseless at the wrist for twenty minutes; rapid feeble beats of the heart; dyspnœa; it seemed impossible to breathe; 'had to fan him to keep him alive,' said his father. This was succeeded by hot flushes, nausea, vomiting, and copious watery diarrhœa, twitching of the muscles, rash, red blotches, with great sensitiveness of the skin to contact. The sensitiveness of the skin extended over the whole body. Bursting, expansive pain in the head, attended by vertigo and confusion of the mind; was unable to think clearly or express himself. Drank about half-a-pint of diluted alcohol as an antidote, without experiencing any intoxicating effect. The critical symptoms disappeared after three or four hours, leaving him much prostrated from which he was a long time in recovering. Has not been able to endure hard labour since; is affected, upon exerting himself, with head-ache, expansive pains all over the head, vertigo and palpitation."

Another curious and instructive example of the power of the poison of the honey bee is given in the same work.* The patient, in describing his case, says:—"I am 37 years old, nervous, of sanguine temperament, have good health. My voice has always indicated rather weak bronchial organs. Never had a cough, however, before I experienced bee-poisoning. I began bee-keeping on a somewhat extensive scale in the year 1878, and it has been my sole occupation ever since. I have had as many as 550 colonies in the apiaries at one time. Seven

* *Cyclopædia of Drug Pathogenesy*, vol. i., p. 321.

years ago I began to notice an itching sensation in the ears. This would come on at times, and after about two years it extended to the glands inside the mouth, and near the root of the tongue. After about one more year, the sensation began to be very severe in the roof of the mouth, just around and on front of the palate. It was at this time that I first discovered the affection had a connection with the bees. To sweep the floor of one of my rooms where bees had fallen and been trodden upon, was sure to bring on this sensation at once. Next, I found that to open the hive and to breathe the odour of the bees (especially if not thoroughly subdued) would also cause the trouble. But business must be attended to, and I persisted in working among the bees and bee-hives till the itching and tingling sensations crept down the bronchial tubes all around the lungs. One night, after a day's work among the bees, I woke up about midnight with asthma. I was not sure then that bee-poisoning was the cause. Finally I began making tests. Leaving the whole business for two weeks, I was almost entirely clear of all except the first symptoms in the ears, which only troubled me occasionally. The first breath of poison I inhaled on my return was followed by all the former symptoms, seemingly in an increased degree, and in ten minutes my throat turned red and clearly showed severe irritation. . . . One day last autumn, after having kept from all contact with the poison for some weeks, and having had no troublesome symptoms, I stepped into my yard, when an ugly bee passed within about eight inches of my face, discharging poison as it passed. About one hour after I was seized with perhaps the most severe paroxysm of my experience. First symptoms were an almost unbearable itching, tingling sensation in the roof of the mouth, and so down the breathing tubes as far as they extend; then an asthmatic filling up sensation. For more than eight hours I could not raise my voice above common conversation. All passed off, leaving me as well as ever, by keeping away from the poison."

I have referred above to a toll-bar keeper who was exceedingly sensitive to the action of bee poison. He had been stung once, and, after this occurrence, he always had the idea that if ever he got stung again it would cost him his life. He did get stung again on one

occasion, and his prophecy was very near being fulfilled. It was with great difficulty that his life was saved.

In my own case I was on one occasion the subject of an involuntary experiment with *sulphur*. At the period I refer to I had, for many years, been wearing knitted woollen vests made from the natural coloured wool (black and white mixed) and unbleached. On one occasion, however, I had a set of white woollen vests bought for me, and I commenced wearing them. The first time I wore one of these, I had not had it on many hours before I began to feel an intolerable itching and stinging all over the parts of the skin which the vest came in contact with. At first it did not dawn upon me as to what was the cause, and for a while I imagined it must have been caused by something I had eaten, or from some peculiarity in the structure of the wool. As I could discover nothing in the food that could have caused the eruption, I determined to remove the vest and see if the effect continued. When the vest was taken off, every part of the skin that had been covered by the woollen vest was found covered with an eruption that resembled one of the forms of lichen. The irritation was very great at the time, but gradually subsided, and ended with a considerable amount of desquamation, such as is seen at the termination of a bad case of measles. In thinking the matter over it occurred to me that it might probably be caused by some remnant of the sulphurous acid remaining in the wool after the bleaching process.* But the curious thing was that, as a boy, I had, each spring and autumn, been dosed with full doses of *sulphur*, as somewhat of a supposed prophylactic against various forms of contagious disease.

The woollen vests were subjected to a course of purification by passing a stream of water through them for a couple of days, and by afterwards being hung out in the open air for the same period of time. After the eruption had entirely disappeared one of the vests was tried again. The eruption appeared again, but was in a milder form, and it was not until the process of purification, such as is described above, had been gone through four times over, that the vests could be worn.

* Woollens are bleached by being placed in a chamber filled with fumes of burning sulphur; or by immersion in an aqueous solution of SO^2.

In order to test the thing more fully, I got my chemist to prepare for me a weak sulphur ointment (about one-tenth of the Ung. sulph. mitior). A thin film of this was put on a square of lint and placed on one knee. This was kept in position by a bandage for three days. After a few hours an eruption, similar to the one I have described above, was produced. Several of the smaller points of this gradually coalesced and formed distinct ecthymatous pustules, over the whole surface covered by the lint. The irritation of the skin covered by the lint was very great during the whole course of this experiment. The itching was so severe, that it seemed as if sharp pain would have been much easier to bear.

The cases given above are sufficient to show, that a very wide difference in the degree of susceptibility to the actions of drugs exists in the animal organism. The cases I have quoted show some examples at each end of the scale. Between these two extremes there are all shades and grades of difference, but it is not always easy to determine what the exact amount of susceptibility is, and we have rarely any means of ascertaining this beforehand in any particular case. The great question with us is, what lessons do all these facts teach us. One lesson, and perhaps one of the most important ones that can be taught us, is that the dose of any drug we administer to a patient in a state of disease ought always to be below the power of disturbance. And since we cannot often determine beforehand what the susceptibility of a patient is, the dose must of necessity be small.

But there is also another important factor to be taken into account in considering this question of the dose. In nearly all cases it will be taken for granted that in a state of disease, the susceptibility of any organ is, for all forms of stimuli, immensely increased. In some more than in others—and the very essence of the homœopathic system is that the drug selected in any case is the one that will most specially, in its action, address itself to the organ that is diseased. This, as I take it, is a powerful reason for inducing (and, I might almost say, compelling) us to administer the small dose. And here let me say that by the term "small dose" I do not wish to be understood to advocate the extremely minute doses which some of our professional brethren of the homœo-

pathic school use. On the other hand, for the reasons I have given above, I do not favour the use of the large dose that some few of our brethren venture upon. My motto has been and, I think, will continue to be, "keep the dose below the power of disturbance and you will then get all the therapeutic action that is possible."

This, as it appears to me, is the only safe plan that can be adopted in practising the homœopathic method.

Albany Road, Southport.

CASES ILLUSTRATING CERTAIN TYPES OF DIARRHŒA.

By A. Midgley Cash, M.D.

I.—Acute Intestinal Catarrh. *Mercur. cor.* and *hamamelis.*

A stout, healthy lady of about 60 years of age. Eight days before I saw her the attack was brought on apparently by eating some coarse oatmeal parkin.

Discomfort in lower bowel soon developed into sharp, griping pain coming on in frequent paroxysms, and the bowels began to act, obliging her to make rapid visits to the closet. Copious actions did not relieve her; many abortive ones followed, only flatulence and white mucus being passed. In this state she was when I first saw her. Mucus over which she now had no control frequently escaped. She felt rather chilly; the tongue was clean; there was no fever.

She was kept two days in bed on a diet of white fish, soft eggs and milk. *Hamamelis* 2x and *mercur. cor.* 4x were given alternately every two hours, and a tepid compress put on abdomen. In two days she was very much better, and on the third the bowels were reported normal again, and the catarrh gone.

II.—Case Resembling Enteric Fever.—*Baptisia.*

Mrs. K., confined to bed, when first seen complaining of pain in abdomen, which was distended and tender. A frequent diarrhœa of copious pea-soup-like stools. No rise of temperature, but frontal headache, dry furred tongue, and a crop of rose-coloured spots on abdomen.

She took *baptisia* 1x every two hours, which soon abated the diarrhœa. In two days it was gone, and on the third she was convalescent.

This case was strikingly like one of enteric fever, but without fever. The rash, as at first seen, and the stools were just those met with in ordinary typhoid fever cases. She lived in a poor neighbourhood where the sanitary surroundings were deficient, and where there had been an outbreak of enteric fever during the previous year.

III.—Chronic Fermentative Diarrhœa.

A long-standing affair. Seems to be the legacy of a life spent in Ceylon. For the previous six weeks attacks had become much more frequent, two to six or even more actions occurring daily, very urgent, driving the patient out of bed in the morning, then again directly after breakfast. Very watery evacuations which pour out frothing like yeast, or discharged explosively with much wind, fœtid, pale or white in colour. There is no pain, but though he gets rid of much flatulency, abdomen soon fills up again, "tight as a wind-bag." Colon much enlarged, overlapping liver area and diminishing its dulness on percussion. Spleen not enlarged. Tongue—as usual—quite clean. The diarrhœa is excited by mental causes, as when—being a clergyman—he has to preach. Already on a carefully considered diet, the first and last meal of the day being of cooked arrowroot with a little of the powder added raw. *Apocynum* ϕ gr. i, 8 h.

Nux, *colocynth.*, *elaterium* and *aloes* had been used with advantage in former attacks, and *apis*, *rumex* and *croton* all seemed likely to be useful.

For 4 days *apocynum* ϕ was given, followed by *rumex* 3x; but at the end of eight days he was no better, but losing strength, it became necessary to do something further. He was now confined to bed entirely, and no food whatever allowed, except milk, of which three quarts a day were to be taken, a tumbler-full to be sipped every hour during the day. A cold water compress was put round the abdomen to be worn for three hours, and when removed a woollen belt was substituted.

After three days of this treatment it became necessary to peptonise the milk, as "it passes through him like sour cream." This checked the diarrhœa, but he found it very nauseous. Less milk was given and a little Brand's jelly between whiles, and half an ounce of brandy in the course of the day; the milk, plain or peptonised, every two hours. Later on, a little lime water was added

to the milk, as a certain amount of change seemed necessary. *Arsenic* 3x, for medicine, gr. ii. ter die. Gradually a change to more nourishing food could be borne, with a glass of port wine, and though much reduced, he was soon about again, this severe attack having lasted about three weeks.

This case was intractable and complicated. He had lived a long time in Ceylon, where, travelling about as a missionary, he had been much exposed to malarious influences and fatigue in all weathers, and had had some severe illnesses. He had troubles at both ends of the alimentary canal, a very defective set of teeth, and a dilated colon; also a fissure of the rectum, but this had been cured by operation.

IV.—Periodic Diarrhœa. *Arsenicum.*

An obstinate case which occurred to me some years ago in an aristocratic old lady visitor of about 65 years of age. Each morning it came on urgently about 6 o'clock. *Aloe soc.* 6x and then 3x were tried for four days. This seemed to break up the time, but a relapse now took place every *alternate night.* I found she had had an attack of malarial fever 20 years ago—I think in Rome. *Arsenicum* 3x was given every three hours, and the next attack was missed. A few days later she was seen, and keeping all right.

V.—Muco-Enteritis. *Mercurius.*

A stout lady of from 60 to 65, leading a sedentary life, and of a constipated habit of body. Has no pain, but is tormented with an unnatural sense of the bowels wanting to act. Voids, per rectum, freely balls and shreds of mucus, which can in water be teazed out into films like seaweed.

She has been much given to the use of enemata to procure action of the bowels. Under microscope these films show as a fine stroma, with layers of fibres, having multitudes of small round cells between. She got *mercurius sol.* 6x and 3x at intervals for six or seven weeks, twice a day, and became much better, but she finally passed a complete cylinder of about 2 inches long, which appeared to be the lining of part of the small intestine. Probably, the abuse of the enema had, in her case, much to do with the pathological condition.

VI.—Threatened Disease of Mesenteric Glands.

M. B., æt. 5, a little girl of self-willed and rather irritable temper. Ailing a long time, and under allopathic treatment, with little improvement, better for a time and then relapses. First seen May, 1892. There is general malnutrition of body, a low feverish condition, pain and swelling of abdomen, and extremely fœtid semi-fluid white stools, which persist in spite of careful dieting.

Concomitants.—Lips peeling and sore; Palms and soles dry, cracked and scaling; her skin is thin, dry and mapped by fissures; tongue clean; no worms. Ordered Kepler's maltine and *hepar sulph.* 6x, gr. ii. ter die. She was under treatment for three weeks, during which *hep. sulph.*, *ac.*, *phosph.* and *podophyl.* were given. The offensive stools became less frequent, that in the morning being often missed, the colour and consistency improved, the pain became less, the skin much better, and the child's mental condition mellowed.

In spite of these ameliorations at the end of the three weeks the diarrhœa persisted, so that if one day one action only occurred, on the next there would probably be three. I decided to disregard diarrhœa indications and choose a remedy only from the constitutional state, and prescribed *calcarea carb.* 6x gr. ij. 3 h. In four days this had steadied the bowels to one stool every 24 hours, in another week the first formed and natural action she had had occurred.

She continued the *calcarea* in various strengths for four months and lost all her troubles. In June, 1893, thirteen months after commencing homœopathic treatment, she was seen in good health, free of diarrhœa, and the abdomen had entirely regained its natural condition, and in all these respects she continues well to the present time.

Bell, in his work on *Diarrhœa and Dysentery*, states that in selecting *calc. carb.* the character of the stool is of less importance than the type of the individual and the concomitant symptoms, and this seems to be borne out by the above case. *Hepar sulph.*, though closely indicated, did not effect much against the diarrhœa, though under its use the skin became healthy. The [illegible] was scrofulous, and the child's condition at the

commencement was altogether very threatening, so that the result of treatment was gratifying, and secured for me the adhesion of the family—allopathic up to that time.

VII.—Acute Attack of Diarrhœa caused by High Temperature. *Jalap.*

A young married lady of about 30. Came on after sitting for two hours on some hot-water pipes at a public meeting.

Aconite, bryonia and *colocynth* had been tried, but the diarrhœa persisted for six days, and was getting worse with retching, flatulency and tormina. One grain of *jalap* ϕ was dissolved in water, and fractional doses given. Next day she was reported much better, having had only two actions since. A dose of the third decimal dilution was now ordered to be taken after every subsequent one, and the attack shortly subsided.

This case was allied to those commonly met with in hot seasons, which go by the name of summer complaint. Of this summer diarrhœa we see comparatively little in Torquay, owing probably to the fact that the mean range of the maximum and minimum temperature is so small, and consequently the production of chill from climatic causes so much the less.

VIII.—Diarrhœa with Sickness and Vertigo. *Cocculus.*

A florid, short, stout lady of 65, living in the country, had a sharp attack of diarrhœa, in addition to which there was vertigo and nausea going on to vomiting. She is liable to giddiness from slight causes, and often gets attacks of it. She had been ill nine days before coming under treatment and rest in bed had given no relief. I gave her *coccul. ind.* 3x gtt.1 2 h. Under this she improved and wrote to me in two days that the medicine had helped her much, that she had lost her nausea and was able to eat again.

Irritative diarrhœas from improper diet yield to spare feeding, which may be begun with advantage by a day entirely without food, sipping occasionally a little hot water. If severe the patient should be kept in bed and firm pressure excited by a flannel abdominal bandage. By these means entire rest to the alimentary track is maintained. *Pulsatilla* is often useful as in—

IX.—A girl who had feasted on cockles which had set up sickness, gastric pain and diarrhœa. These symptoms persisting after six days, I saw her and gave *pulsatilla* 2x every two hours. Under this the diarrhœa ceased. Afterwards *bryonia* was required for the condition of dyspepsia which had been set up.

Before closing I must allude to *podophyllum* as a medicine for diarrhœa. I have found it most useful in a large number of cases, specially in unhealthy children—children in a pre-tubercular stage who yet do not seem to require or to be constitutionally bad enough for such remedies as *calcarea* and *silicea*.

Such children may have protuberant abdomens. The fæces may be in colour, green or whitish. They are extremely offensive, often consisting of a mealy or sedimentary fluid. The diarrhœa is liable to come on early in the morning. There is involvement of the liver, as evidenced by the tenderness of the right hypochondriac region and the fœtor of the stools. The rectum is also often affected, and there may be prolapsus with or without proctitis.

When these symptoms occur *podophyllum* 8x, one drop after each action, is generally rapidly successful in checking the complaint, and in my experience *podophyllum* is, for all obstinate diarrhœas in unhealthy children, on the whole the most useful remedy we possess.

THE QUESTION OF DOSE ILLUSTRATED BY CASES.

By Wm. Lamb, M.B., C.M.

That it is not all in the selection, but also in the dose of the drug, accumulated experience amply testifies, and I think the following cases culled from my practice ought to have weight with those who may think differently. I have often thought that there are certain analogies existing between homœopathy and the Church of England. One of these is the division of both into high, low and broad. In the one case it is as regards doctrine, in the other that of dose. It seems to me that with reference to homœopathy, the truly scientific spirit is shown by those who say, as the *raison d'être* of the physician is to cure his patient, that dose shall be employed which will cure; it matters not whether it be

10 drops of ϕ, or fractional portions of a drop of 30, 200 or more.

Case I.—This was a case of recurrent hæmoptysis in a young man. It was so appalling in quantity and uncertainty of recurrence that his mother was in a continual state of trepidation. I gave him almost everything I could think of on every conceivable hypothesis, but to no purpose. These fearful ½-pint hæmorrhages just came on at their own sweet will. One of the leading non-homœopathic physicians and a lecturer on medicine was called in, but without result. I had given amongst the first medicines *millef.* in 1x, taking the potency from Hughes' *Pharmacodynamics* and Clarke's *Prescriber*, but, as I have said, without effect. As this young man would not die in spite of all this terrific experience, I thought there surely must be something to benefit him, if only one could hit upon it. So I looked over my interleaved Clarke's *Prescriber*, and found the following note which I had made opposite Bleeding, under Consumption, viz.: *millef.* 3 (Burnett never failed in 30 cases). So, as I had a previous experience of the same remedy acting higher when the lower failed (*q.v.*, infra Case V., Ham.), I gave it, and to the joy of everyone, he steadily improved from that day, and never had any recurrence. He had been over six weeks on the broad of his back, afraid to move, even, in case the awful bleedings should occur.

Case II.—In the epidemic of measles which took place about two years ago in Dunedin, two of my family took it with distressing vomiting. My second eldest daughter, aged 15, could not keep even cold water down. I gave both her and my youngest son, aged 2, *ipec.* 1x, without any effect, but in both cases on giving *ipec.* 12 neither vomited afterwards.

Case III.—My brother-in-law's little son developed an extensive eczema a few weeks after birth, covering scalp, face, trunk and limbs. I gave *ars.* 3x, and lo! what was bad enough became very much worse. Instead of recognising *medicinal aggravation* (it was in my first year of homœopathic practice) and going higher, I tried several other remedies with no success. Then I acted on the thought of medicinal aggravation and gave *ars.* 3, and still aggravation, but not so much as with 3x, next *ars.* 6 was given, and now no aggravation, but the case

was at a standstill, then *ars.* 12, and everything cleared away except a few stubborn patches which finally succumbed to *ars.* 30.

Case IV.—A little girl, 3 years old, had convulsions, I only had *bellad.* 1x in my pocket case, being called out early in the morning some distance. I gave it, but also gave prescription for *bellad.* 3. The convulsions were not in the least benefited by the 1x, but as soon as *bellad.* 3 was administered there were no more fits.

Case V.—An elderly man, aged 65, had hæmaturia. This was one of my first homœopathic cases. I had given him allopathically *gallic acid*, *sulphuric acid*, *ergot*, &c. As there was no improvement I feared there might be a stone, so I called in another practitioner. The patient was etherised and the sound passed, but there was no stone. My confrère advised *tinct. hamamelis* ♏xv every 3 or 4 hours. Instead of doing my patient any good, he was worse, and as the venous character of the hæmorrhage was so patent and from my reading I knew that dosage was so important, I resolved to give *hamamelis* 1. His urine steadily cleared after each dose of the medicine, and he never bled to the day of his death, dying of bronchitis some two years after under an allopathic practitioner.

The next three cases afford an example of the great importance of the right dose, but in the reverse order, viz., down instead of up the scale, and although not occurring in the same individual as the cases reported above, nevertheless illustrate the truth of my proposition, that it is not merely the remedy but the right dose of it that is often essential to success; because while I have singularly failed with *bryon.* 1x, I have equally been successful when employing *bryon.* ϕ in 8-drop doses. I have more than once written to this Journal expressing my intense dissatisfaction with the homœo-orthodox treatment of rheumatic fever—I refer to *acon.* 1x and *bry.* 1x—and as I have previously stated, if after reading Dr. Sharp's Tracts (to which I owe my conversion to homœopathy) I had started to test homœopathy in this disease, and with these drugs, I am certain I should never have made the change. Because however much I might have been impressed with his arguments *a priori*, I should have, biding by the test of honest experience, had to refuse it *a posteriori*—an ounce of practice being worth

a ton of theory. I was accordingly pleased to find Dr. Campbell, of Adelaide, expressing the same disappointment, recommending *lyc.* 3x, and Dr. P. Wilde, who recommends *bursa pastoris* ϕ in the January issue of this Journal in 1894. I wrote at that time, contributing as my substitute for *acon.* 1x and *bry.* 1x, *bryonia alba.* ϕ ♏8 in ʒss water every three hours, which I had discovered in a back volume of *The Homœopathic World* (1880, p. 91). Since then I have had three cases as follows:—

Case VI.—(1.) A young woman, æt. 18, who had rheumatic fever of the full-blown type. I ought to have been called in two days before, but when I saw her the heart was already attacked, and she was literally fixed on the broad of her back, wrists, elbows, shoulders, hips, knees, and ankles all affected and much swollen. Pulse 130. Temp. 103° F. Urine high-coloured. Endocarditis. She was practically well in one week from *bry.* ϕ ♏8, 3 hours. I only needed to pay one visit, a drive of 12 miles.

(2.) A young woman, æt. 16, who had rheumatic fever in a more subacute form, I only required to see three times, her symptoms cleared up so rapidly. She, too, got *bry.* ϕ ♏8 every 3 hours.

(3.) A married woman, æt. 35, had it in the form of peri- and endo-carditis, no joint affection. In her case also rapid recovery took place.

No other medicine was given in any of these three cases. Now, whereas previous to my knowledge of this valuable treatment, I approached every case of rheumatic fever with fear and trembling, owing to the disappointing inefficiency of the orthodox *acon.* 1x and *bry.* 1x; now I rather welcome a case to exhibit the marvellous curative effects of *bryon.* ϕ in 8 drop doses every 3 hours.

CLINICAL SKIN CASES.

By Washington Epps, L.R.C.P.

Senior Assistant-Physician, London Homœopathic Hospital.

During the last few years several cases of skin diseases have occurred in my practice, which are, I think, of sufficient interest to be recorded in the *Review*, either on account of rarity, severity, or as illustrating some special line of treatment. This paper will consist of three cases

of herpes; one of zoster brachialis, another of recurrent herpes facialis, and the third of, what I think was, herpes or erythema iris.

Case I.—*Zoster brachialis.*

This case was sent me by Dr. Lough, of Hastings, and was a very severe and also an extremely interesting one.

The patient was a young lady of 24, who first consulted me in May, 1894, for a very painful eruption on the left forearm of nearly eight weeks' duration.

She had had a similar eruption five years previously on her left foot, which lasted a month. The eruption began with acute pain around the ankles below the malleoli, which was followed by redness and considerable œdema but no itching. The whole attack subsided at the end of a month, leaving the skin sound and free from staining.

During the next four years she had several similar attacks on her face, acute pain, followed by redness, swelling, and a considerable amount of weeping and discharge. The last attack on the face was in Jan., 1894; the previous one was in July, 1892. The attacks on the face left no stains or scars. There was no distinct history of vesicles.

She had also had swelling and irritation of the feet during several summers. Also roughness and swelling of the auricles, but not in either meatus. Patient's general health was far from satisfactory. She suffered from frequent occipital headaches and frequent attacks of head-colds and bronchial catarrh. Her appetite was poor; tongue pale; teeth very brittle, many decayed and missing. She was very anæmic, and the catamenia were very scanty and irregular. The urine was sp. gr. 1,027, acid, and free from albumen. At sixteen she had low fever with kidney trouble, which kept her in bed for three weeks. Her present attack began with loss of feeling, then most acute pain in the left middle finger, which was soon followed by redness and the next day by oozing. This was soon followed by similar patches on both aspects of the forearm to just above the elbow. Each patch came separately and in the same order of events; first, want of feeling, then tenderness, then very acute pain, then redness with œdema, and, lastly, oozing of a clear serous fluid with an

appearance of superficial ulceration. The pain was most acute, and lasted until the part become red and swollen.

When first seen by me the whole forearm, both back and front, was covered with long narrow patches or rather streaks, with healthy skin between. Some of the patches were acutely inflamed, bright red, extremely sensitive when exposed to the air, and in places exuding a clear serum; others very similar but less bright and less sensitive, and others dying away, very slightly tender, and in all shades of purple. After a most careful search I failed to find anything in the least like a vesicle on any of the patches.

The day previous to being seen, there was complete anæsthesia of all the fingers of the left hand, but at the time of the visit, feeling had returned in the middle and index fingers. The ring and little fingers still remained completely anæsthetic, the patient being unable to feel the prick of a pin or heat or cold. The lesion was entirely confined to the left forearm and hand, to the parts supplied by the musculo-spiral, the internal cutaneous, and the radial, median and the ulnar nerves.

The treatment ordered was *ferri arsenias* 3x for the general state of debility and anæmia and also for the neuritis which was clearly present, and *gelsemium* 1x for the acute pain. Locally a very weak plumbic ointment was ordered as being more soothing than the eucalyptus ointment the patient had been applying.

At the end of a week the patient reported that at first the pain was much increased, until three fresh patches developed, one on the back of the ring finger, the second on the ball of the thumb, and the third over the pronator teres. All the fresh patches had *blisters* at first. After the patch appeared on the ring finger sensation returned. Above each new patch, where the skin was quite sound, there was acute tenderness, but not below, although sensation had completely returned. There was no tenderness at this time on pressure over the ulnar nerve at the elbow, nor over the median. Patient's general health had then much improved and she had been free from her headaches.

At the end of two more weeks the patient was very much better in general health, the anæmia and headaches gone.

She had had one fresh patch, which was, at the time of her visit, red and drying. It was four inches long by half an inch broad, and situated over the tendon of the palmaris longus. There was tenderness of the healthy looking skin just above the patch. The *ferri arsenias* only was repeated.

The patient was not seen again by me, but Dr. Lough reported that she continued quite well, and had no return either of the headaches, numbness, pain or eruption on the arm.

Case II.—*Recurrent herpes facialis.*

F. V., aged 10 years. This boy had suffered from seven attacks of acute herpes in the last five or six years, always situated on the right cheek, several of which attacks I have seen. The last attack was so severe that I think it is worth recording.

I was wired to come and see the boy, who appeared to be very seriously ill. I found him suffering from intense headache, with violent sickness and purging, and in a state of high fever. T. 104.5°, P. 120, R. rapid. He also complained of aching pains in the limbs.

The previous day he had spent the whole day in the country, almost without food, in cold, damp weather. I provisionally diagnosed the case as one of influenza, which was then very prevalent, and prescribed *aconite*, every hour.

The next day the patient was much better, nearly all the symptoms gone and the temperature 99°. The nerve storm had passed over and all that remained was a large patch of herpes on the right cheek. *Rhus. tox.* was given and in about a week the patient was quite well, except for a purplish stain on the centre of the cheek and a very slight scar.

Patient has remained well ever since. The interval between this attack and the previous one was about two years. Previously he had had three attacks in twelve months. The above case is interesting in showing the extreme nervous disturbance that can be caused by such a simple, insignificant disease as herpes facialis.

Mr. Jonathan Hutchinson mentions (p. 126) in the descriptive catalogue of his clinical museum, a somewhat

similar case of a woman who had a group of herpetic vesicles arranged like zoster on the left cheek, which recurred on three successive years at the same season. He mentions that frequently these patients have had syphilis. There was no history of congenital syphilis in my case.

CASE III.—*Herpes, or erythema iris.*

S. W., aged 21, builder, living at Barnet. This man was first seen in March, 1894, by Dr. Lambert. He was then suffering from a vesicular eruption, third attack, on the right wrist and both calves. It began as a small vesicle, which became circinoid. The vesicle broke and left a raw surface surrounded by an inflamed areola. The patches itched very much. *Rhus venenata* 12 was prescribed. The attack lasted for two months.

Dec. 14th, 1894.—The man returned with another, his fourth attack, and attended my clinic. He had, then, on his wrist and on the outer surface of each shin, a patch of herpes of fourteen days' duration. Ordered *arsen.* 2x.

Dec. 21st.—The patches on the legs were very curious. The whole patch was about two-and-a-half inches in diameter. In the centre the skin was purplish red, around this was a broken ring of yellow vesicles, about half an inch wide, and around this again, a circle of red areola. These patches were dying away.

On the back of the wrist and on the fingers were patches of herpes, varying in size from a pea to a three-penny piece. Each patch had a dry pustular centre and around a raised empty bleb. On the right fore-finger was a bleb the size of a shilling. All the patches itched when patient became hot. *Arsen.* 3x was given, and by Jan. 11th all the places were nearly well.

The eruption in all three cases was clearly due to the same cause, peripheral neuritis. This was most marked in the zoster brachialis case, each patch of vesicles being preceded by the same order of events, anæsthesia of the part rapidly followed by tenderness, intense pain, redness and swelling; vesication and then rupture or abrasion of the vesicles (the exudation of the serum being so rapid that the epidermis soon ruptured) followed by more or less weeping. Although the vesicles were

not detected in the earlier attacks, they must almost certainly have been present.

The exciting cause of the neuritis in the second case was evidently a chill. The patient was in a low, half-starved condition, and was unable to resist the effect of the cold damp wind, and the part affected was his weakest point, the nerves of his cheek. The exciting cause in the other cases was not so evident.

The homœopathic remedy in zoster and probably in all herpetic diseases is *arsenic*. It has a marked effect on the nerve terminals. It is now the common property of most dermatologists, since it was first shown by Hutchinson in 1868 that *arsenic* causes peripheral neuritis and the subsequent appearance of zoster, although the vesicles are absent in many instances. The occurrence of zoster in carbon dioxide poisonings is an analogous fact. (Leudet, Sattler.) Nielsen, of Copenhagen, has shown from the statistics of 610 patients with psoriasis treated at the hospital in that city that nearly 2.6 per cent. (10 in 390 patients) of those treated with *arsenic* developed zoster, whilst no eruption of zoster occurred in those (220 patients) treated with other drugs or locally. In 7-tenths of the cases the zoster was dorso-pectoralis, in 2-tenths dorso-abdominalis, and in 1-tenth lumbo-femoralis. The rash was always confined to one side, four times right side, five times left side, and once, side not stated, and to one attack.

Psoriasis, again, is now regarded by many dermatologists, since it was first suggested by Tilbury Fox, as a neuropathic disease. This is of considerable interest, looked at from our point of view, *arsenic* having such a distinct action on the peripheral nerves, and also having an equally distinct remedial effect in many cases of psoriasis, when the shiny mother-of-pearl scales are present in great numbers. In those cases in which the scales are more like dried oatmeal paste on a reddish purple ground, *arsenic* has, in my hands, proved useless. *Graphites* is then the most useful remedy, and occasionally *natrum mur.*, *hepar*, *sulphur* and *sepia*.

CLINICAL AND THERAPEUTIC NOTES OF RECENT CASES.*

From Dr. MACKECHNIE's Notes of Cases treated at the Bath Homœopathic Dispensary.

Neuralgia.—*Glonoine.*

ELIZABETH L., æt. 22. For some time has had pains in both temples, very severe, occurring very irregularly and lasting various times. The catamenia were irregular, retarded and scanty. Bowels and urine natural. Ordered *pulsatilla*. Next week she was no better. It was now elicited that pains were worse at night, preventing sleep, with much throbbing. They were aggravated by stooping, and she experienced constant flushings. Ordered *glonoine*. This promptly cured. Eleven months afterwards she returned for pains in right flank with constipation, which were removed by *bryonia*. There had been no more neuralgia after taking *glonoine*.

Nocturnal Enuresis.—*Belladonna.*

Annie R., æt. 15, a servant. For a year has suffered from enuresis. It is fitful, occurring every night for a week, then not for several nights. She is very restless in sleep, talks in sleep, dreams and wakes in frights. Appetite is good, bowels regular, no worms. No signs of sexual development yet. She has also hemicrania of right brow. Ordered *belladonna*. Next week better. Has only once wetted her bed since commencing medicine. Headache gone. She still talks in her sleep, and dreams of falling. Repeat *belladonna*. During next two weeks no enuresis and no dreaming. She now complained of frontal headache, for which *glonoine* was given, and relieved. Six weeks after had no return of enuresis, and head was better.

Epilepsy.—*Cuprum.*

William G., æt. 10. Rather more than a year ago went to a school where he was locked in a room by himself. This was followed by the first fit. Has had fits frequently since; now every day he has one or more. The lad has a large head, and his memory has always been

* Contributions are invited for this department. They should be addressed to Dr. Ord, Bournemouth.

bad. His movements are choreic; he talks in his sleep, and is constantly in movement. Bites his tongue in fits. Does not sleep at all after an attack, but is unable to stand, and takes long to regain thorough consciousness. No worms; bowels regular. Ordered *cuprum* ter in die. In a week he returned, had not had a fit since beginning medicine. Sleeps better, choreic movements have only been noticed once or twice this week. Continue *cuprum*. Next week he had many and bad attacks, but he slept better and did not bite his tongue in them, neither had the movements recurred. Ordered *ignatia*. He was not seen again.

Eczema.—*Graphites*.

Alfred B., æt. 26, a photographer. For five months had had an eczematous rash on face, arms, and hands. It exudes moisture, but there is not much itching. Bowels constipated, is obliged to take aperients. Appetite good, urine normal. Ordered *graphites*. Next week he reported much better; the rash was nearly gone. After commencing *graphites* he noticed that it became dry and cracked on the surface, and then died away. Bowels now regular; to continue medicine. Was shortly cured, and did not return.

William F., æt. 12, a school boy. A patch of eczema had recently appeared behind his left ear. It exudes moisture, and irritates him so that he aggravates it by picking. Boy is healthy in other respects. *Graphites* ordered. Next week there was improvement. The week after it was worse through his picking it. Continue *graphites*. In a fortnight it was almost gone, and he ceased attending.

Sciatica.—*Cimicifuga*.

Thomas P., æt. 56, a labourer. Several days ago was seized with a severe "laming" pain in his left hip, which is gradually increasing. Pain is now so acute that it drives him out of bed at night. It is better sitting up, and relieved by pressure. Bowels regular, urine clear and copious. Ordered *cimicifuga*. In four days no better, very restless, bad nights. Three days later great improvement. In another week was well, except for lameness, which continued for a short time after pains had ceased.

Flatulent dyspepsia.—*Pulsatilla.*

Albert R., æt. 25, French polisher. Complains of pain under left nipple, and shortness of breath. Nothing discoverable by auscultation. The dyspnœa is worse soon after food, when he feels distended with wind. Some tympanitis. Sleep is disturbed; pork and cheese disagree. Urine deposits a sediment. Patient has had hip disease and is lame in consequence. Ordered *pulsatilla.* In a week he was better. Next week reported himself well, all symptoms had gone.

Dysmenorrhœa:—*Bryonia* and *Secale.*

Mary G., æt 16. Catamenia first appeared before 14th year, had always been irregular. She now suffered every fortnight, there was much back-ache, and pains generally. The discharge was very clotted, but otherwise normal. Appetite and general health good. Bowels costive, moving once in two days, stools hard and dry. Ordered *bryonia* 1x by day, a dose of *secale* 1x every morning.

The next fortnight passed with no recurrence of pain or menstrual discharge, bowels much easier though still costive. Ordered to take *bryonia* alone. Two weeks after this she reported that catamenia had occurred, lasting five days, lumpy discharge but no pain. To now take *bryonia* every night and *secale* twice daily. In a week bowels were no longer costive. Repeat *bryonia* alone. Two months from commencing treatment patient said that she had again passed three weeks between periods, there was no pain, and bowels were normal.

INFLAMMATION AND EMPYEMA OF THE ACCESSORY SINUSES OF THE NOSE.

By Dudley Wright, M.R.C.S. Eng., L.R.C.P. Lond.

Assistant Surgeon and Surgeon for Diseases of the Throat to the London Homœopathic Hospital.

Paper IV.

Empyema of the Ethmoidal Cells.

Although this condition may be present by itself, it is by no means uncommon to find it associated either with a frontal or sphenoidal sinus empyema. The former

combination was illustrated by one of the cases narrated in the last paper.

We have already seen in the case of the frontal sinus that the chronic affection of the mucous membrane may lead to death of the underlying bone. In ethmoidal disease, my experience leads me to think that such a complication is of more common occurrence. Woakes considers that necrosis of the ethmoid is invariably the cause of the ordinary nasal polypus, and to this condition he has applied the terms necrosing ethmoiditis. His views have not, however, met with much support, many observers going so far as to state that necrosis is neither the cause nor the result of nasal polypi. Without going into this very vexed question, I would say that though in by far the largest number of cases of polypus with which I have had to deal I have failed to find any evidence of necrosis, still, in a few instances, I have been able to satisfy myself that necrosis and caries of some part of the ethmoid bone existed. In each of these cases a purulent discharge was present, and I believe that we had to deal with an empyema which was either the result of, or caused by, the polypi, and not with that condition of affairs which is connoted, by its originator, by the term necrosing ethmoiditis.

The symptoms of ethmoidal disease cannot be said to be strictly characteristic; indeed, it is often difficult to exclude the existence of empyema of one of the other accessory sinuses. The pus, which is usually thick, creamy and inodorous so long as the bone is unaffected, but becomes most fœtid when necrosis occurs, appears most frequently in the middle meatus, though participation in the morbid process of the posterior ethmoidal cells which open into the superior meatus will cause a flow of pus to appear between the septum and the middle turbinate body. As a matter of fact, I have usually found so much hypertrophy and swelling of the parts at this level, that it has oftentimes been impossible to ascertain with any exactitude the origin of the flow. This thickened and granular state of the tissues is so commonly met with that one is almost inclined to look upon it as pathognomonic of ethmoidal disease. Polypi if present still further complicate matters, and their presence is the rule rather than the exception; moreover, I have noticed in two cases a peculiar thickening of the

muco-periosteum of the septum in the upper part of the nasal meatus which is thereby rendered extremely narrow. In one case, which is still under treatment, a large red polypoid growth completely obstructed the right nostril. It was removed with a wire snare by Dr. MacNish, my clinical assistant, and was found to be a bag of mucous membrane, whose cavity was studded with millet seed granulations, and contained a large quantity of creamy pus, which continued to flow from the ethmoidal cells after its removal.

Pain may or may not be complained of in the course of the disease, and, when present, it is usually about the bridge of the nose and lower frontal region. In the acute stage of the disease it is generally well marked, and is then relieved by the evacuation of the discharge.

In some cases pain is caused by deep pressure at the inner angle of the orbit, and in one case such pressure caused a marked increase of the flow of pus.

It is at about this spot that the pent up pus occasionally makes its way to the surface, and it may then closely resemble an abscess of the lachrymal sac. The discharge may likewise pass into the orbit and cause proptosis.

So far as I have been able to ascertain from published cases, intra-cranial complications are more common with ethmoidal and sphenoidal sinus empyema than is the case with disease of the other sinuses. This is probably by reason of the thickness of the walls which separate the two first-named cavities from the brain. It, therefore, behoves us to be on the alert in all such cases for indications of cerebral trouble.

The general principles of treatment of ethmoid disease differ but slightly from those detailed under the heading of frontal sinus empyema. The same remedies are suitable for both affections, but great attention should be paid to thoroughly cleansing the nose and getting rid of the discharge as it is formed. For this purpose frequent spraying of some antiseptic fluid, or the plan first suggested by Greville MacDonald, of snuffing up the fluid into the affected nostril and then lying down on the back and hanging the head in such a position as to allow the fluid to reach the upper parts of the nasal cavity, may be adopted.

All hypertrophies of the mucous membrane and granulations should be removed by the snare or curette, as their presence not only keeps up the inflammatory condition, but is oftentimes a direct hindrance to the exit of the pus. The middle turbinate itself, which is usually hypertrophied, may be removed with advantage, and this is best done by means of Symonds' punch forceps.

If none of these methods of treatment succeed in stopping the discharge, and there is reason to suspect necrosis of the bone, a more radical form of treatment will be necessary. Various methods of reaching the seat of disease have been suggested and made use of, but probably the simplest and most direct is that by which an opening is made into the nose at the inner angle of the orbit. It is here that the pus commonly finds its way to the surface, and by removing a scale of bone, not only are the ethmoid cells opened up, but we are put into a favourable position for dealing with the frontal sinus should it also be found diseased. Through this opening all dead bone and granulations can be removed and iodoform dusted on the parts, after which a packing of gauze to act as a drain will complete the operation. During the operation great care must, of course, be taken not to injure the eye, which should be protected with a spatula.

Empyema of the Sphenoidal Sinus.

This affection must be looked upon as a most serious one. The obstacle to direct treatment caused by its inaccessible position, and the propinquity of the affected site to other important and vital parts, render the disease one of great moment, and the fact that the ostium of the sinus is situated above the level of the floor tends to increase the risk of the chronicity of the complaint should it once become established.

The chief symptoms of the disease are a discharge of thick creamy pus from one nostril, appearing from above the middle turbinate, and also falling into the naso-pharynx; deep seated pain which may be intense in character and radiate to distant parts of the head, and occasionally the formation of an orbital abscess, or serous exudation into the cellular tissue of the orbit.

Here, as in the case of affections of the other accessory sinuses, a consideration of the direction of the flow of the pus alone will seldom enable us to form a diagnosis. Amaurosis may occasionally occur in the course of the disease. This may precede the orbital abscess, or the blindness may occur without any appearance of abscess. It is associated with optic neuritis, and is due to pressure on the nerve. A peculiar feature connected with this amaurosis is that the peripheral field is invaded before the central field is affected. This is explained by the fact that the central fibres of the optic nerve are distributed to the region of the macula lutea, and the external ones to the periphery, and it is they which are the first to suffer from the pressure.

The disease usually runs a slowly progressive course, leading to necrosis of the walls of the sinus, and often to loss of large parts of the body or wings of the bone; and it not uncommonly terminates fatally, death occurring from meningitis, abscess of the brain, invasion of the cavernous sinus by erosion of its walls, or thrombosis of the cavernous and circular sinus and ophthalmic veins.

The treatment must be carried out on the same lines as have been before indicated. The frequent use of antiseptic sprays to clear away the discharge, and the internal use of the various remedies before mentioned, are indicated. Radical local treatment is by no means easily carried out, as the sinus cannot be seen by rhinoscopy, and attempts to irrigate the interior of the sinus by means of a trocar, or to scrape with a sharp spoon, cannot be done with any great amount of precision, and are hence somewhat risky performances. Nevertheless, cases in which such operations have been done with some success have been reported. A method which suggests itself to one is that of getting at the affected sinus from below by splitting the palate, or by a temporary resection of the superior maxilla of one side. This certainly seems a severe procedure, but consideration of the fact that the condition for which it would be performed is oftentimes the cause of death leads one to think that it would be a justifiable one.

REVIEWS.

The London Homœopathic Hospital Reports. Edited by G. Burford, M.B., C. K. Shaw, and Byres Moir, M.D. Vol. iv. London: Gould & Son. December, 1894.

This interesting and useful volume comes to us during the first week of June, 1895, bearing December, 1894, as the date of its issue! Late, however, as it has been in making its appearance, it could scarcely have been published at a more opportune moment than the present. The Board of the institution, of which the book before us presents some of the fruits of the work done within its walls, is now appealing loudly and widely for a considerable sum of money to enable them to extend the benefits their hospital endeavours to supply. What are these benefits, we would ask? First comes the relief of sickness through medicines selected upon a homœopathic basis, and the rendering of surgical operations for the cure of cases of disease or injury, which are beyond the reach of medicinal therapeutics, more successful by the use of the same measures. But the advantages the hospital is capable of conferring ought not to, and do not, cease with the treatment of the in and out-patients, who resort to its wards and waiting rooms. The work done within its wards must be made known, must be used to supply medical men in general practice with the results arising from the careful study of this work; men, whose opportunities for clinical study and observation are necessarily limited, have a right to look to and expect from those who have undertaken the responsible positions of physicians and surgeons in our public hospitals for instruction on difficult and obscure forms of disease, and that assistance in their daily work, which experience, gained in so large a hospital as the London Homœopathic, is well fitted to supply. It is work of this kind that gives to medical men a direct interest in the London Homœopathic Hospital, that enables them to realise the fact that, by supporting it, they are providing themselves with material which will be useful to them in their daily work. It is not merely a desire to see homœopathy fittingly represented among the Metropolitan hospitals, or that the London poor should receive the benefits of homœopathy on a larger and more perfect scale than heretofore, that will stimulate medical men to canvass their patients for subscriptions; but if they are made to feel that the experience and teaching gained at the hospital is utilised for their advantage, that through the therapeutic work accomplished there the position of homœopathy is strengthened, the results of homœopathic treatment both in medicine and surgery rendered

more assured, and made to present even stronger inducements to medical men to enquire into and study homœopathy, then any financial difficulties which may hamper the Board of Management, medical men throughout the country will, we are sure, cheerfully lend a hand in endeavouring to lighten.

Such volumes as that before us, and the three which preceded it, demonstrate more clearly than anything ever has done, that the existence of the London Homœopathic Hospital presents not only advantages to the sick received within its walls, which no non-homœopathic hospital can offer, but that it is a source of therapeutic and surgical help to every general practitioner treating disease homœopathically, and at the same time a very thorough demonstration of the claim to attentive study which homœopathy has upon every physician and surgeon.

We therefore welcome these *Reports* at this juncture as affording a stimulus to every homœopathic practitioner to appeal to his friends to provide the sinews of war wherewith still further to develop and carry on the work of our hospital.

With the exception of two papers, one by Dr. Clifton, of Northampton, and another by Dr. Alleyne Cook, of Melbourne, in Australia, all the fourteen papers which constitute the volume are the work of members of the medical and surgical staff of the hospital, and the material for them has been, for the most part, derived from observations made within its walls; while certain of them are illustrated by very excellent chromo-lithographs, by sphygmographic tracings and temperature charts, all tending to render the text more easily understood and more fully appreciated.

Dr. Clifton's contribution is a most interesting and carefully drawn sketch of the rise and progress of the hospital, which is now about to enter upon a larger sphere of usefulness, and to be more perfectly equipped for the work it undertakes than ever it was before.

This is followed by a study in materia medica by Dr. Dyce Brown, one of the consulting physicians of the hospital, the subject being *Anacardium*. Apart altogether from the interest or merits of this contribution, there is a point which we think will strike the attention of every reader. In treating of the action of *Anacardium* upon the skin, the author quotes largely from Allen's *Encyclopædia*, giving the symptoms as they are recorded in that great and important work. He then quotes the provings referring to this action of the drug, as given in *The Cyclopædia of Drug Pathogenesy*. The comparison of these two records demonstrates, we think, the superiority of the latter book over the former more fully than anything could do. How much clearer, how much

more interesting, how much more capable of intelligent study, is the presentment of Hughes and Dake than that of Allen will, we think, be obvious to every practitioner and student of materia medica.

Dr. Washington Epps' paper on Bazin's Disease, *Erythème Induré des Scrofuleux*, a form of strumous ulceration of the skin, which so closely resembles the syphilitic variety as to be often mistaken for it. In Dr. Epps' cases the therapeutic assistance derived from the use of *calcarea carbonica* is corroborative evidence of the scrofulous diathesis being that which determines the ulceration.

Mr. Knox Shaw follows with an instructive article on the *Clinical Phenomena of Appendicitis*. The cases related furnish ample illustrations of the many difficulties surrounding this disease, both in deciding when he should operate and how to proceed in operating.

Mr. Shaw's experience leads him to make the following conclusions:—"In hyper-acute cases, and cases of extreme and severe septic peritonitis, it would be well to acknowledge, that surgery, together with medicine, is futile. Discredit is brought on a valuable measure of relief by operating in hopeless cases 'as a last chance.'

"In acute cases going on to localised suppuration, operation will be needed early in the disease, probably about the fourth or fifth day.

"If there be perforation of the appendix or sudden bursting of an abscess intra-peritoneally, operative interference must be immediate and prompt or not all. Once let septic peritonitis get a firm location and surgery is useless.

"In relapsing and recurrent cases, if no operation is needed for localized abscess during the recurrent attack, then it is far better to wait and operate during the quiescent period."

Dr. Byres Moir, in the next paper, gives his hospital experiences of *Tracheotomy in Diphtheria*. Out of the last 17 cases of diphtheria admitted into the children's ward, 10 have required this operation. Of these, 7 have recovered and 3 have died; a very good record when compared with that of other hospitals. Dr. Moir gives some useful instructions as to important details at the time of operating and afterwards.

In the succeeding paper, Dr. Neatby describes a series of *Cases of Myo-Fibroma of the Uterus*, with the information their history and observation supplies as to some of the more important and interesting of the points in reference to this form of tumour.

Mr. Dudley Wright then records some cases of *Uncommon Forms of Diseases of the Jaws*, viz.: a dental cyst of the upper

jaw; an encysted abscess of the jaw; an osteoma of the jaw; and two cases of tumour of the palate, one developing into epithelioma. All were operated upon with evident care, and all made good recoveries.

Dr. James Johnstone, senior clinical assistant to the gynæcological department, contributes an interesting paper on the varieties of solid tumours which have been found affecting the ovaries.

The next paper is a symposium on the *Clinical and Therapeutic Aspects of Albuminuria*, to which Dr. Galley Blackley, Dr. Roberson Day, Dr. Burford, Mr. Knox Shaw and Dr. Dyce Brown contribute. This is a very useful essay, and as bringing one into the every-day work of the general practitioner, will be perused with more interest, perhaps, than some of the more purely hospital papers.

Dr. Neatby then contributes a report of two cases of epithelioma of the vulva, both beautifully illustrated by engraved and coloured plates.

Dr. Alleyne Cook then gives the details of a case of œdematous fibroid tumour growing from the fundus of the uterus, successfully removed by him in the Melbourne Homœopathic Hospital.

The next paper represents one of the triumphs of surgery, a case of epithelioma of the tonsil, palate and tongue, with secondary glands in the neck, in which the whole of the diseased structures were removed by Mr. Dudley Wright by a well planned and skilfully carried out operation occupying an hour and fifty minutes. The whole case, its history, the details of the operation and subsequent progress and condition of the patient, with a review of his prospects of complete recovery—"now he is in good general health, can speak and swallow perfectly, and is gaining weight"—is well reported by Dr. C. E. Wheeler, the late house physician to the hospital.

A very well reported case of pernicious anæmia, under the care of Dr. Byres Moir, by Dr. Lambert, a former house physician, is the basis of the next paper; and the volume concludes with a detailed report of the operative surgery at the London Homœopathic Hospital from 1891-1894, which, however, does not include the extensive surgical work done in the gynæcological department. Surely such a report as this ought to stop the silly reproach often levelled against homœopathic practitioners that they never operate because they do not know how to do so!

We congratulate the editors of these *Reports* upon the excellent and useful collection of essays they have been able to bring together, and the staff of the hospital on the high degree

of efficiency and usefulness to which they have brought the work of the institution with which they are connected. We sincerely trust that, in entering upon a new building, upon the adaptation of which to medical and surgical purposes so much time, thought and care have been devoted, their success may be greater still, and that the hospital will ever be regarded, and be worthy of being regarded, as a centre of therapeutic truth and of surgical skill.

Gout and its Cure. By J. Compton Burnett, M.D. London: Epps & Co. 1895.

Gout has ever afforded a study of interest to the physician, and has at the same time supplied him with a very difficult nut to therapeutically crack. This has in a great degree arisen from supposing that gout is a concrete disease, ever the same, and requiring the same treatment in each of its victims. This we are persuaded is so far from being the case that perhaps there is no disease more influenced in its course and manifestations by the constitution, by the individuality of the patient than is gout. "The symptoms," writes Dr. Burnett in his preface to the little book before us, "that precede and lead up to the uric acid retentions in the blood are a series in themselves; those due to the uric acid in the blood, and which lead up to the gouty deposits as an attack, or as chronic deposits, are a second series. The former really spell cacopepsia, while the latter are synonymous with uric acid poisoning; in the one we deal with the producing power, in the other with the product." But there is, furthermore, behind this "cacopepsia," a constitutional tendency, a diathesis, which determines the error in digestion which Dr. Burnett terms "cacopepsia." Hence it comes that, in persons of this diathesis, almost any kind of food will give rise to gout. The fundamental error in the digestion of such persons is found in the imperfect elimination of the chief products of the nitrogenous waste of the body—urea and uric acid—from the blood. This again is traceable to a diminished alkalinity in the blood. This comparative acidity of the circulating fluid arises from its retention of uric acid. The excess of uric acid, instead of being eliminated from the body, becomes stored up in the spleen and in the joints, leading, when in the latter, to those attacks of fever and pain which characterise an "attack of the gout." Hence Dr. Burnett writes, "gout for me is ureal poisoning. Of course I part company with those who regard gout as merely uric acid deposits, and who maintain that the uric acid is the disease. I grant that the uric acid produces the sufferings, but I main-

tain the *disease gout* is that which produces the uric acid." In other words, gout is a form of indigestion, the nature of which is determined by a constitutional dyscrasia, aggravated in most instances by a dietary only too well calculated to lead to such a form of indigestion aided by a mode of life tending to weaken the excretory power of the kidneys, bowels, and skin.

For therapeutic purposes, Dr. Burnett treats of *exhaustion* gout, where stimulants are required; *surfeit* gout curable by abstemiousness either as regards food or stimulants; and the two forms occurring in the same individual cases rendering the question of stimulants difficult to decide, but where allowance must always be made for hereditary proclivities, habits and modes of life. *Goutiness* again he uses as a term designating the more or less hereditary quality of the constitutional crasis; and gout to signify the attacks of paroxysmal arthritis which constitute acute gout.

All that Dr. Burnett has to say about the diet of the several varieties of gout, is marked by sound common sense. The medicinal treatment of gout he does not think is a strong point in the literature of homœopathy. His own experience is thus described, "in the symptomatic homœopathic treatment of gout, my patients recovered—slowly and tediously it is true—but still they recovered *completely*, with undamaged constitutions and unharmed *organs*, and the gentle treatment not only ended thus in integral restitution, but subsequent attacks became milder and less frequent, so that even that was, I think, a fair record. "But," he adds, "we can do more than that, as I will show."

The first medicine to which he refers is very naturally *colchicum*. But he does so only to tell us that very early in his career he was warned against the use of *colchicum*, because of its deleterious effects upon the kidneys; and, as a consequence, he does not remember "having prescribed it a single time." Nevertheless, he admits that "judging by the clinical records of *colchicum*, that of all known remedies used thus far *colchicum* has far and away the greatest influence over the gouty manifestations." Over and above that he tells us that his own suspicions are to the effect that *colchicum* is homœopathic to some of these external manifestations, which it effectively gets rid of, but leaves the uric deposits in the blood and tissues. The outside symptoms are gone, the inside symptoms remain. Of this little theory there is no evidence that we are aware of. That *colchicum* has been terribly abused, that, in the large doses in which it has been prescribed, it has proved a cause of death to the patient by its detrimental effect upon the heart and kidneys, we do not doubt. But any

powerfully acting drug, whether *colchicum*, *aconite* or *arsenic*, if given in massive doses, in a condition to which it was homœopathic, would probably have a similar result. The injurious effects of the abuse of a drug afford no argument against prescribing it in a condition where it is suspected to be homœopathic. That *colchicum* is homœopathic to some cases of gout, and in them, when given in a therapeutic dose, curative, we do not doubt. Dr. Carroll Dunham, in his article on *Colchicum* (*Lectures on Materia Medica*, p. 170) writes: "If we look at the symptoms produced by *colchicum*, we find the rheumatic gouty symptoms characterised by a debility, a paralytic weakness very suggestive of an asthenic type of disease. . . . Now, it is in precisely this form of asthenic sub-acute disease that *colchicum* is truly indicated and does real service. But what of the danger of reducing the patient? None whatever, provided we give doses so small as not to produce the physiological effects."

Again, if Dr. Burnett will turn to the *Cyclopædia of Drug Pathogenesy*, he will see abundant evidence of its homœopathicity to which he terms "exhaustion gout," or what is more generally described as "asthenic" or "atonic."

But we may assume that the object of the publication of this little book is to show to all whom it may concern, how the ordinary "symptomatic homœopathic treatment" of gout may be improved upon, how an acute attack of the gout may be cut short without either injury to any important organ, or rendering the patient susceptible to more frequent recurrences of his enemy.

The remedy which Dr. Burnett assures us has enabled him to effect this purpose is *urtica ureus*. Nothing in the very few and fragmentary provings that we possess of this old and popular medicamentum would lead us to suppose that it had the power which Dr. Burnett ascribes to it, and illustrates by numerous cases. It was, however, as he informs us that he was told by a medical neighbour, much used for gout in the olden time, and we find in a work, entitled, *Materia Medica: or a Description of the Virtues and Effects of all Drugs or Simple Medicines Now in Use*, by Edward Strother, M.D., of the Royal College of Physicians, published in 1729, that dead nettle seeds "are us'd against the Gout; but the Flowers dry'd and infus'd in warm Water, as we do Thea, or in powder, is better." In using *urtica* in cases of ague and spleen affections, Dr. Burnett noticed that patients under the influence of small material doses of it often passed quantities of gravel. He, hence, concluded that *urtica* possessed the property of eliminating the urates from the economy. He also found it to excite a distinct degree of fever at night.

This occurred over and over again. These two symptoms led our author to regard *urtica ureus* as homœopathic to gout. But we may observe that, as Dr. Burnett repeatedly admits, getting rid of urates is not getting rid of gout; so it is the uric and producing power that requires to be cured for this purpose. Alkalies will clear out urates, and so, it is alleged, will piperazine, but neither will cure gout. "It is not possible," writes Dr. Burnett, "to cure the uric acid diathesis with alkalies, inasmuch as the alkalescence thus produced is chemical, not vital; as for the alkalescence thus set up, to be rendered permanent it is requisite to continue unceasingly the input of alkalies." He maintains, however, as the result of clinical experience, that when the gouty attack has been got rid of by *urtica ureus* future attacks are milder and much less frequent; but he adds, "whether this greater mildness and infrequency be due to the influence of the remedies exclusively, or to the greater subsequent care in living, is not easily determined. Perhaps a little of both." This, however, is a question of great importance when estimating the value of *urtica* and the extent of its sphere of influence as a remedy, a question that clinical observation can alone decide.

So far as Dr. Burnett's clinical illustrations go, they seem to show that *urtica* is an eliminator of uric acid, that it acts promptly and effectively, and leaves the patient free from discomfort. Alkalies, on the other hand, are commonly followed by headache and depression of spirits; a result which Dr. Lauder Brunton ascribes to the hyper-alkalescent state of the blood sweeping the accumulation of uric acid from the joints and spleen into the currents of the circulation and so attacking the nerve centres. If *urtica* will produce the same amount of relief to the accumulation of uric acid and discharge it from the body through the kidneys at once, its use in gout is a distinct therapeutic gain. The patient, freed from his acute attack, is then in a position to have his gouty diathesis properly cared for, his "cacopepsia" homœopathically treated, and here we shall find our old friends *pulsatilla*, *lycopodium* and *sulphur* more frequently indicated than any others. Dr. Burnett, however, maintains with a degree of emphasis, probably due to the deficiency of provings required to demonstrate his thesis, that *urtica* is homœopathic to gout. "Inasmuch," he writes, "as the *urtica* gets rid of the uric acid through and by the organism, so it is a homœopathic remedy, and not either chemical, mechanical or allopathic. And this is seen from the fact that an attack of gout got rid of by the aid of *urtica* does *not* return so readily as when got rid of chemically through the artificial productions of alkalescence of the juices."

Whether this theory is sufficient to demonstrate the homœopathicity of *urtica* to gout, we may take leave to doubt. Nothing short of a full and well-conducted pathogenesis can do that. At the same time, should future clinical observations bear out the main fact of Dr. Burnett's little book—that *urtica* will promote a rapid and safe elimination of urates from the body of a gouty patient—we shall all be indebted to him for learning it.

We have omitted to state that Dr. Burnett uses *urtica* in from five to ten drop doses of the tincture at intervals of from three to twelve hours, according to the degree of acuteness of the attack of the gout in which it is prescribed.

Diseases of the Heart and Arteries, their Causes, Nature and Treatment. By JOHN H. CLARKE, M.D., C.M., Edin. P.p. 12 and 195. London: E. Gould & Son, 1895.

DR. CLARKE'S already published articles in various journals, his more substantial works on "*Iodide of Arsenic in Organic Disease of the Heart*," and on "*The Curative Action of Homœopathic Remedies in Cases of Organic Disease of the Heart*," and his well known enthusiasm for the use of the sphygmograph in daily practice, led us to take up his latest book in the confident hope that we should find in it a solid and scientific contribution to the practical therapeutics of heart disease. The reading of the preface, however, caused us some misgivings, and as we dipped deeper our forebodings were more than justified. Dr. Clarke has evidently set himself an impossible task, that, namely, of writing a book which shall possess substantial value for the profession and at the same time prove readable and attractive to the general public. The book accordingly falls naturally into two distinct facts which cannot be satisfactorily welded together. The one is intended for the professional eye and the other for that of the intelligent layman or the medical missionary. It is of the former that we propose to give a brief criticism. Beginning at the wrong end of the book we find the last 60 pages devoted to a sketch of the indications for the various cardiac remedies. This, we imagine, will be found more useful by the senior than the junior practitioner, for we very much fear the latter would stand aghast at the length of the list from which to choose. Of this list our author says that it "may be taken as the selection I would make for my own use if I were *limited* to a definite number of drugs." Then follows a list of fifty-five drugs, beginning with *aconite* and ending with *veratrum*. Apart, however, from its length, the

indications given are terse and practical. The most valuable parts of Dr. Clarke's book are undoubtedly those devoted to records of cases treated by means of *iodide of arsenic*, the use of which he has succeeded in placing upon a firm basis, and to the systematic account which he gives of the physiological action of *thyroidin*. Here we think he has done a real service to the profession by collecting the records of poisonings and over doses, and there is little doubt that the drug is destined to come into common use in circulatory troubles of a neurotic character.

The chapter on diseases of the arteries is scanty in the extreme, for it is restricted to the narration of a number of cases of aneurism. That some cases of aneurism are amenable to homœopathically-selected drugs there can be no doubt; but we miss any mention of such other arterial affections as embolism, acute arteritis, syphilitic arteritis, atheroma (except very incidentally), arterio-sclerosis, or amyloid change in the coats of arteries. In like manner, in the purely cardiac section, no account is given of cyanosis, of *asystole*, or of *idiopathic* tachycardia, or bradycardia.

Dr. Clarke's description of well-known symptoms leaves occasionally much to be desired. He refers, for instance, in several of his cases to the "thumping first sound *indicative of mitral stenosis*." The sound met with in mitral stenosis, and described in detail in the best text-books, is certainly not *thumping*, but is happily described by one author as sounding like "*foo-tata-roo*." We miss, in many of the cases treated successfully, any reference to the condition of the heart as shown by the stethoscope at the termination of the case.

One or two grave blemishes in a book of this scope should not be left unnoticed. That for instance on page 4, where Case 1 is described as one of "aortic valvular disease consequent on operation for piles," and which leaves it to be inferred that the cardiac affection was a direct result of the operation, and that such a result is of common occurrence. He says "I have no hesitation in saying that to operate for piles is as dangerous as it is unnecessary. Piles are not by any means difficult to cure by constitutional means." On all points our experience is directly opposed to that of Dr. Clarke.

Case 31, one of angina pectoris occurring in a lady who "had been vaccinated about a dozen times" (? successfully) contains teaching which is in our opinion equally to be deprecated. Here vaccination is confidently spoken of as a cause of angina pectoris. On this point, as in the case of the hæmorrhoids, we are sure the profession almost to a man would smile at such a *post-hoc-ergo-propter-hoc* bit of etiology.

Forty-fifth Annual Report upon the Health of Leicester, 1894, *Including the Report of the Fever Hospital, &c.* By Joseph Priestley, B.A., M.D., D.P.H., &c., Medical Officer of Health.

The work of a medical officer of health becomes increasingly important to the community, increasingly interesting to the members of the medical profession, and we may add increasingly onerous and responsible to the officer himself. The book before us illustrates each of these points very fully. During the year 1894, Leicester appears to have been a singularly healthy town, showing as it does a mortality of only 14.4 per 1,000 of the population.

Scarlet fever appears to be endemic in Leicester (as it is in other large centres of population) becoming epidemic at intervals. The year 1894 witnessed the gradual wearing out of the epidemic of 1892-3. During last year there were 949 cases notified in the borough, 418 of which were removed to the hospital. Dr. Priestley availed himself of the opportunities presented to him to make a therapeutic experiment of some importance and great interest. Some time back Mr. Curgenven proposed, carried out and illustrated by his treatment of 26 patients, the disinfectant power of the inunction of the skin of the scarlatina patient with eucalyptus oil. Dr. Priestley has pursued the same course with 120 of his cases, and moreover has compared the results with the treatment that he has ordinarily adopted in 161 other cases admitted into the hospital, under as nearly as possible similar conditions, *i.e.*, as to severity of attack, constitution and age, and who were on admission equally advanced in the disease. His statistics show that among the cases where eucalyptus oil inunction was enforced there were (1) a lower death rate; (2) a shorter stay in hospital; (3) slightly fewer serious complications; and (4) fewer "return" cases, while the process of desquamation was hastened with, it is admitted, a slightly increased epithelial loss. "Return" cases are such as are apparently in some way or other connected with the return of convalescents from infectious diseases hospitals to their homes. The death rate of the eucalyptus-treated patients was 1.6; that of the others 4.3. Dr. Priestley gives a brief summary of his method of using the oil in his report, but a further and more complete account appears in a paper describing it, which he read before the Epidemiological Society, in March, an abstract of which was published in the *Lancet* of the 6th of April. In the latter, describing the *rationale* of the method, he says:—"Scarlet fever is an infectious disease due to the entrance into the system of a micro-organism—the micrococcus

scarlatinæ of Klein, the bacillus scarlatinæ of Edington, or other germ—the point of attack being, in all probability, the throat. On entering the body at this point, and incubating there for a certain length of time, the poison (be it the germ or its products) gives rise to certain changes in the blood, with a resultant train of symptoms, *e.g.*, temperature and rash, followed by peeling of the epidermis. The simplest explanation is that the rash—*i.e.*, the hyperæmia or congestion of the skin—causes its outermost layers to die, to be thereafter cast off as waste products. No definite, generally accepted specific germs have as yet been found in this shed skin, nor have any cultivations been made therefrom as far as I know; indeed, such skin is dead, and it has therefore seemed to me a little difficult to understand how such dead skin could so readily give (as is generally stated) rise to the disease in others. I do not, of course, definitely state that it does not, but it has not yet been satisfactorily proved that it does; whereas, experience, I think, is tending to prove that scarlet fever is extremely infectious in its early stages—*i.e.*, from the moment that sore-throat and fever appear. . . . The fever stage in scarlet fever lasts from a week to two weeks, and the state of desquamation from six to seven weeks. Presumably, when the fever state ends the germs and their products have ceased to act deleteriously, and theoretically, therefore, all that is required is to render aseptic during the fever stage, the blood secretions, mucous membranes and skin, breath, &c." This, Dr. Priestley thinks, is accomplished by Mr. Curgenven's method. The old doctrine that the products of desquamation are contagion carriers may not have been proved by the detection in them of the presence of specific germs, but of the tenacity with which the poison of scarlatina, whatever be its nature, adheres to persons and things there is no doubt. How often have cases of scarlatina been traced to the patient having worn a handkerchief, or other article of dress, which had previously been worn, it may have been some months previously, by one suffering from scarlatina? How is this explicable, save on the hypothesis that the desquamatory process had left some of its *débris* in the handkerchief, or other article of clothing, and that these *débris* contained in full vitality the germ of scarlatina? Dr. Priestley mentions two micro-organisms as the scarlatina producing agents. On the other hand, Dr. Burney Yeo, a clinical observer of well-deserved repute, says, in the fourth edition of his *Clinical Therapeutics*, just published, that "the infective micro-organism of scarlet fever, like that of small-pox, has not yet been discovered or cultivated; it is probably, however, especially abundant in the epidermal scales and

dust, which are shed from the surface of the body during and after the course of the disease." (Vol. ii., p. 601.) At page 606, however, he admits "the discovery of the presence of a streptococcus in the secretions of the fauces in scarlet fever very like the pyogenes streptococcus."

In carrying out this plan of treatment, one which Dr. Priestley appears to think somewhat modifies the course of the fever, as well as disinfecting the patient, he says that his method is as follows:—"Careful rubbing with the oil over the whole body three times a day for three days, followed by one rubbing (after a warm bath) daily for seven days. The disinfectant is sprayed also into the patient's throat, mouth, and nose, and diffused into the air of the room. No eucalyptus has been administered internally beyond what passed down into the stomach during the spraying process. Further, sequelæ and complications were treated with the usual remedies—in addition, of course, to the eucalyptus oil."

Whether inunction of this kind has really any influence over the course of the fever we may doubt. That patients recover more quickly and frequently than when the drug treatment consists, as it ordinarily does, of aperients and diaphoretic salines followed by *quinine*, or of *antipyrin* or *phenacetin*, we can easily understand. But we see no ground for supposing that this mode of inunction would have anything like so curative a result as the use of *aconite* and *belladonna* in the scarlatina simplex; *of apis mellifica*, *carbonate of ammonia* and the *biniodide of mercury* in scarlatina anginosa; and of *ailanthus glandulosa* in the malignant form. On the other hand, the external use of this antiseptic oil is likely to render a scarlatina patient less dangerous to others. Hence, arises the question whether its employment in the manner described by Dr. Priestley would render the use of specific medicines inoperative. This, again, is a question that nothing short of experiment can answer, and therefore, so far as we are concerned, is at present unanswerable.

Typhoid fever presented 228 cases, as compared with 406 during 1893. The careful and thorough way in which the circumstances leading to the occurrence of these cases have been examined is emphatic testimony to the value of the work which a medical officer of health can do for a community.

The report on diarrhœa is interesting. Out of 176 deaths registered from this cause 158 were infants under one year of age, and 14 between 1 and 5. There was, we are told, the usual seasonal exacerbation of the disease between July and August. "In this connection," writes Dr. Priestley, "it is interesting to note that the 4-foot earth temperature registered 56 F. for the first time on July 2nd, 1894. 56 F. is said to

be the critical 4-foot earth temperature, *i.e.*, the temperature at which certain changes (putrefactive, bacterial, &c.) take place in the pores of the earth, with the consequent development of the diarrhœal poison. From the time that this 'critical' temperature is registered we ought to allow about 14 days (7 for the average duration of the disease before death, and 7 for the average interval between the death and its notification to the Health Department through the Registrar), after which the number of deaths ought rapidly to increase. During 1894, July saw the 4-foot earth thermometer first registering 56 F., and within 14 days from that date the weekly number of deaths from diarrhœa greatly increased. On September 21st, the 4-foot earth temperature sank below 56 F., and with it the number of diarrhœal deaths rapidly declined (allowing, of course, the 14 days interval as before)."

As an additional means of ascertaining the circumstances contributing to infantile mortality from diarrhœa, Dr. Priestley had drawn up a series of questions to be put to householders and parents, and visiting each house where a death has occurred he has obtained answers to them. When evidence of this kind has been collected for a few years, it will, we are sure, throw great light, not only upon the etiology of the disease, but upon the entire field of its general pathology.

When referring to diphtheria, Dr. Priestley incidentally alludes to the new anti-toxin serum treatment, as one that has been and still is being tried in Leicester. The evidence of its value, so far as we have been able to gather from the reports in the European and American journals that have come under our notice, is not so encouraging as it was some weeks back, the number of deaths attributed to it, rather than to the possible diphtheria it was injected to cure, seems to be increasing.

Small-pox, the *bête noir* of Leicester, was notified in 8 cases. There were no deaths.

The amount of work thrown upon a medical officer of health appears, as we have said, to be ever on the increase. The number of samples of questionable foods submitted for analysis, for example, was larger than ever. Some of the results of examination are singular. A tin of condensed milk for instance, the label on which stated, in very small print, that the tin contained milk with *some* of its cream abstracted, showed on examination that 95 per cent. of cream was missing! Another sample of skimmed milk was found not only to have been skimmed to the extent of 75 per cent. of its cream, but to have been watered up to the extent of 10 per cent.!

The sanitary conditions of workshops, laundries and bakehouses are looked after and reported upon with much minuteness.

An elaborate report on the Censal Returns (1891) as they affect Leicester, which must have consumed a great amount of time in its compilation, forms a portion, and a very interesting portion too, of Dr. Priestley's annual report.

The entire report reflects great credit upon Leicester's Medical Officer of Health, and shows him to be one of those valuable public servants who are anxiously endeavouring not only to do their duty to the public among whom they live, but to use their opportunities for increasing the powers of usefulness of the members of the profession to which they belong.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The ninth meeting of the session was held on Thursday, June 6th, 1895, at the College of Organists.

The evening was devoted to the section of surgery and gynæcology.

Dr. Byres Moir, President, was in the chair.

Dr. Washington Epps was elected a Fellow of the Society. Dr. Gerald March and Mr. B. W. Nankivell were elected members of the Society.

Dr. C. W. Hayward, of Liverpool, read a paper on *Acute Infective Periostitis or Acute Necrosis.* The author merely alluded to simple acute periostitis, and acute suppurative periostitis, as the case upon which his paper was based was one of the most grave forms of the disease, acute infective periostitis or acute necrosis, which he defined as occurring generally in young boys with a history of scrofula and sometimes trauma, the onset being sudden, with rapid formation of pus and destruction of bone, the diagnosis in the first stage being often mistaken. He gave a careful account of a case in a boy fourteen years old, where amputation through the thigh was subsequently performed with a most successful result. Mr. Knox Shaw, Dr. Dyce Brown, Mr. Dudley Wright, Dr. Wilkinson, Dr. Hughes, Dr. Johnstone, Dr. Dudgeon, Dr. Blackley, Mr. Cox and Dr. Roche took part in the discussion that followed.

Dr. Johnstone, of Richmond, read a paper on *Osmium Eczema*, illustrating it by a patient the subject of this disease. Dr. Johnstone described the chemical characteristics of osmium and its compounds, giving the trades in which the metal is

employed. He carefully detailed the symptoms produced by working in the metal, and contrasted them with the eczema symptoms produced by other drugs. He mentioned the paucity of therapeutic applications of the drug, and indicated the uses to which it might be put.

Dr. Burford read a short communication entitled "*Note on a period of Twenty-one consecutive Months of Abdominal Operations in the Gynæcological Department of the London Homœopathic Hospital without a Death.*" The cases, numbering 17, were mainly ovariotomies and hysterectomies. He further read a short note (in conjunction with Surgeon-Major Deane) on a successful case of vaginal hysterectomy.

Dr. Edwin A. Neatby read notes of two cases of abdominal section. The cases were pelvic peritonitis, for which removal of the appendages was carried out. The first case proved fatal on the fifth day with symptoms of intestinal obstruction. In the second case some threatening symptoms occurred, but they disappeared after the exhibition of crotalus. The cases were intended to point out some of the difficulties occurring after laparatomy and to illustrate the relative importance of some of the symptoms.

Dr. Neatby also showed two specimens: (1) a papilloma of bladder, which he removed by supra-pubic cystotomy; (2) a large spindle-celled sarcoma removed by abdominal section. In both instances the patients made a good recovery.

In the discussion that followed Mr. Knox Shaw, Dr. C. W. Hayward, Dr. Hughes, Dr. Pope, Dr. Johnstone and Dr. Goldsbrough took part.

NOTABILIA.

LONDON HOMŒOPATHIC HOSPITAL.

After what has seemed long waiting to those interested in the hospital and who have watched its growth week by week, the new building is now practically complete. In reality the work has progressed with unusual celerity. H.R.H. Princess Mary Adelaide of Teck has graciously consented to open the hospital on the 9th inst., on which occasion we hope and expect that a large and distinguished company of subscribers and friends will rally to her support. The ceremony will begin at 4 o'clock, prior to which the assembled guests will be entertained with a selection of music.

The Board of Management have issued, in addition to urgent appeals for help, a historical sketch of the work of the hospital since its foundation in 1849. This sketch includes a description of the new hospital.

We congratulate the authorities on the way in which the friends of homœopathy have come forward to their help. Since it was decided to rebuild the hospital the sum of £35,000 has been promised. We trust that the knowledge of this will stimulate all our readers, especially medical men, to make a final effort to ensure the opening of the hospital free of debt, and provided with the additional income necessary for its increased size. To ensure this, a sum of £10,000 for the building fund, and an additional £2,000 annually are required.

At the opening ceremony it is proposed to present to Her Royal Highness purses of £5 and upwards.

The opening of the new hospital will be celebrated by a banquet at the Whitehall Rooms, Hotel Metropole, on Wednesday, July 10th, at 7 o'clock, to which ladies are specially invited.

TORQUAY HOMŒOPATHIC DISPENSARY.

The Forty-seventh Annual Report of this Institution shows an increasing amount of useful work.

The number of patients admitted during 1894 is 832; these, with 117 on the books at the commencement of the year, make a total of 949 treated in 1894; of these 7 have died. The attendance during the year numbered 6,032.

The medical officers are Dr. Midgley Cash and Dr. Edgelow. The secretary and dispenser is Mr. Rendall.

EXETER HOMŒOPATHIC DISPENSARY.

When noticing the last annual report of the Exeter Homœopathic Dispensary in our April number, we referred to the large increase in the grant of the Exeter Hospital Saturday Fund Committee to the funds of this institution, and now we see from a report of the Annual Meeting of this Committee that the secretary said that the Rev. the Earl of Devon had written stating that the Hospital Saturday Fund had so generously supported the Homœopathic Dispensary that he felt it right that one of the managers of the Fund should be on the Managing Committee of the Dispensary. It would be a personal gratification to himself, and also to their Committee, if they would kindly send him the name of any gentleman who would be willing to serve on the Committee. Mr. Burridge proposed that a vote of thanks be given to the Earl of Devon, and that Mr. G. Gibson be appointed to represent the Fund, and referred to the excellent services rendered by Mr. Gibson as Chairman of the County Committee. Mr. Mills seconded the proposition, which was carried unanimously.

This is a gratifying illustration of the power of really good and useful work to influence the minds of men in homœopathy, for we believe that we are correct in stating that a few years ago the members of this Committee were far from being favourably disposed towards the Dispensary.

THE HOMŒOPATHIC LEAGUE.

In 1886 an association, termed the Homœopathic League, was formed for the purpose of bringing a knowledge of the principles of homœopathy, with the results flowing from their adoption in the treatment of disease, the opposition which this method of treatment has encountered, the means used to keep the public and the profession in ignorance of it, and the prevalent misconceptions regarding it, more clearly before the general public than had been done in a similar manner for the last thirty or forty years. As stated in the first circular issued by the Committee, the "objects of the league will be to spread a knowledge of homœopathy among the people by means of pamphlets, books, public meetings, lectures of a popular character, and such other means as may from time to time appear desirable, and to counteract the unfair treatment to which it is subjected." We believe that, for all practical purposes, the League has confined its operations to the publication of *Tracts* bearing upon the principles and progress of homœopathy, and, we feel sure, that, in so limiting their sphere of work, they have acted wisely. The public platform is not a suitable or effective position from which to discuss the science or art of therapeutics. The popular lecture, which was so powerful a means for disseminating knowledge forty years ago, has lost its attractions. To-day none but men of eminence in literature or in some department of science of much more general interest than that which is medical, will draw more than a handful of people to any public hall either in or out of London. The *Tract*, however, can be read at leisure, can be referred to afterwards, and is calculated to excite interest in the questions to which it relates, and stimulate a desire for further knowledge upon it. Hence, we are glad that the League did not persevere with its original scheme in its entirety, and that it has devoted its energies to the publication and circulation of a series of short interesting and instructive essays upon homœopathy and the variety of topics connected with it. As a result of this work, we have before us a series of fifty-four *Tracts*, which, in three small volumes, constitute a veritable *Homœopathic Encyclopædia*; a work which may be placed in the hands of anyone, whether a member of the medical pro-

fession or without its pale, who is desirous of knowing what is understood by homœopathy, its history, the character of the opposition which it has encountered, the results which have followed its adoption by medical men in endeavours to cure disease, its influence upon the treatment of disease by those who have repudiated it as a therapeutic method, and its progress in this country, in America, in India, and the Colonies.

It is, moreover, a work which cannot be charged with having any personal end to serve. The *Tracts*, though written by men who are well known to all homœopathic practitioners as being qualified to write upon the subjects treated of, are anonymous, while all have been submitted to the scrutiny of the Committee appointed to supervise their publication and dissemination. The last *Tract*, just issued, gives a summary of the work done by the League, and states that for a time the issue of further publications has been deemed unnecessary. It concludes with the following sentence, with which we entirely coincide.

"On the whole we have every reason to be contented with the utility of our work, and we believe that we may rest satisfied with what has been accomplished, and feel assured that the impulse given by our publications to the spread of a knowledge of homœopathy among the public will continue, though we may for the present cease issuing any more *Tracts*. Those already published will for a long time to come serve to enlighten enquirers as to the true character and beneficial results of the great reformation of medicine the world owes to the genius and labours of the immortal Hahnemann."

We would urge each of our colleagues to be provided with these three volumes, and to lend them among their friends and patients; and we would further suggest that a copy of the series be presented to every Free Library in the Kingdom. The public needs enlightenment on the subject of homœopathy, one which is of far greater importance to them than their non-homœopathic medical advisers would lead them to suppose.

We heartily thank those who have prepared these essays; and, as it is an open secret that it is to our veteran and energetic colleague, Dr. Dudgeon, that we are indebted for the majority of them—the very large majority, we believe—we very especially thank him and congratulate him on the success which has attended this, his latest of very many efforts, to spread abroad a knowledge of the most important truth in therapeutics.

THE CALCUTTA HOMŒOPATHIC MEDICAL SCHOOL.

Last year we noticed with pleasure the growing importance and usefulness of this Institution, and its highly flourishing condition. We have just received the report of the School for 1894-95, and we are much pleased to notice how it is maintaining its usefulness and increasing in the number of its students. There were 27 more admissions to the School than in the former year, and 21 qualified themselves to practise medicine and surgery. The curriculum of study is a full and satisfactory one, and we notice that post-graduate lectures are now given to those students and practitioners who can avail themselves of it. Another very healthy sign is the inauguration of a series of popular lectures on scientific subjects in connection with the School. Dr. M. M. Bose, who works so indefatigably, gave the opening address of the session on the 15th of June, 1894. We are rejoiced to notice also that besides the Bhadusi Dispensary, there is now a homœopathic hospital in Calcutta, where excellent work is being done, and where the success is striking. We wish God-speed to our estimable colleagues in Calcutta, who are doing such excellent hard work for the proper education of our fellow subjects in India, and for the spread of homœopathy. Students are now coming not only from Bengal, but from the Punjaub and Bombay. This fact speaks for itself.

THE THERAPEUTICS OF SUPPURATION.

In the *Clinique*, January 15, 1895, Dr. Charles H. Evans summarizes the indications as follows:—

Hepar sulphur.—The pus of this remedy is that known as "healthy" or "laudable pus;" bland, thick, cream-like, and yellow, with redness of the skin beneath which the abscess is forming, attended with throbbing pain. Sometimes the pus degenerates into an unhealthy quality, and the opening refuses to heal or even ulcerates. Injuries to the skin do not heal, but suppurate instead.

Mercurius produces suppuration in which the pus is unhealthy in colour and consistence, having a greenish tinge, being quite fluid, and most apt to occur in glands or glandular structures. It hastens the ripening and spontaneous opening of abscesses almost as promptly as *hepar* does.

Calcerea carb. is another suppurative remedy, but the pus in this instance is slow in forming, usually confined to small areas, thick and yellow, sometimes thin and milky, but not attended with active inflammation.

Silicea presents a watery, pale green, sometimes sanious, occasionally corrosive pus, tedious in forming and reaching the surface through a fistulous opening, which refused to heal afterward. Ordinary cuts or injuries suppurate instead of healing.

Arsenicum alb. controls the suppurative process, and exerts its influence upon the production of ichorous, watery pus, putrid in character aud involving large areas internally as well as superficially. There is intense burning heat in the part, with redness of the overlying skin; at the same time general emaciation is usually present.

Pulsatilla.—The pus of this remedy is similar to that discharged from its own mucous surfaces, viz., copious in amount and greenish-yellow in colour, sometimes thick and orange-yellow. The skin situated over the maturing abscess has a bluish-red erythema, also resembling the hue of the chronically swollen *pulsatilla* mucous membrane.

Lachesis.—When an abscess calling for this remedy is in process of formation, the skin over the abscess assumes a steel-blue or violet redness, suggestive of a gangrenous inflammation. The pus discharged is thin, ichorous, and offensive; painful papules surround the non-healing opening, and there is a purplish covered areola.

Phosphorus like *silicea* presents an abscess which, having arrived at the surface through a very narrow channel, still continues to discharge through a persistent orifice. The pus is yellow, either thin or consistent, and quite free in amount, differing in these latter respects from *silicea*, but resembling it in the osseous and glandular structures attacked. A ring of little ulcers surrounds the principal opening or ulcer, or several fistulous openings coexist.

Sulphur has for its sphere unhealthy pus, which continues to be discharged after tardy formation in the beginning. It is frequently useful as an intercurrent when improvement under another remedy ceases and the indications still present themselves. When the *sulphur* constitution is present, this remedy is called for at the outset.

Belladonna is not a remedy for suppuration, although it is sometimes considered such. Its inflammations often terminate in the formation of pus, but when this event has taken place the usefulness of this remedy is past.

THE MEDICAL REGISTER.

There are now 82,687 persons registered in the United Kingdom as medical practitioners, 1,426 having qualified in 1894, and this is exactly the average for the last five years.

It seems probable that the number of additions will, owing to the influence of the five-years curriculum, come down to a thousand; but as the average annual removals from the register are less than that (664 for the past five years), we may take it that the medical profession is a growing one. We note that of the above 1,426, English medical schools supplied 714, Scotch schools 560, and Irish schools 152, a falling-off in each case; but the loss to Ireland and the growth of medical education in Scotland is particularly noteworthy. The following are the average numbers of practitioners registered in the respective countries during the periods mentioned:—

	England.	Scotland.	Ireland.
Last nineteen years...	684	376	199
Last five years ...	711	549	167

Ireland's best year was 1887, when there were 311 registered there, and that was also England's best—792. Scotland reached her maximum in 1893, when 638 practitioners were registered there. There is no question that Scotland's greatest advantage is in her teaching universities. Apart altogether from considerations of education, the students of these universities have the satisfaction of knowing that when they graduate they can use the courtesy title, "Dr.," and this in the medical profession has advantages far beyond any string of titles that a man may append to his name.—*Chemist and Druggist.*

TOXIC EFFECTS OF DUBOISIN IN THERAPEUTIC DOSES.

E. Marandon de Montyel (*Sem. Méd.*, March 6th) has observed in the Ville-Evrard Asylum 12 cases occurring simultaneously in which *duboisin* caused toxic symptoms. The patients were epileptics who had first been treated, with favourable results, by hypodermic injections of neutral crystallised sulphate of *duboisin* in doses of 1 to 4 milligrammes and afterwards by injections of extract of *duboisin* in the same dose. The accidents occurred on the day when a new bottle of extract, procured from the same source as the others, was opened, and the patients received the dose to which they had been accustomed. The toxic symptoms varied in different subjects. There was a peculiar quasi-drunken condition, with giddiness, vomiting, tingling of the skin, psychic and motor excitement, hallucinations and delirium, sometimes followed by a leaden sleep. Prolonged attacks of tonic and clonic convulsions were also observed. The patients were very pale, although their skin was burning hot to the touch. There was also abundant sweating, sometimes limited to one-half

of the body, and profuse green diarrhœa, polyuria, and frequent micturition. In one case there was alarming failure of the heart's action, which, however, yielded to stimulation. The pupils were always dilated to the fullest extent, and this symptom was accompanied by lachrymation and visual disturbances due to paralysis of accommodation. In all the cases there was extreme dryness of the tongue and of the whole buccal cavity, with intense thirst. All the patients rapidly recovered. These cases show that, whereas the therapeutic effects of *duboisin* consist in a sedative and hypnotic action, generally accompanied by diminution of the secretions, the toxic effects manifest themselves in symptoms of motor and psychic excitement and convulsions, with increase in the secretions, except those of the mouth. Marandon de Montyel concludes that as the toxic symptoms in these cases disappeared rapidly, without leaving any trace, the use of *duboisin* in doses of 1 to 3, and even 4 milligrammes is in nowise dangerous to life, even when the drug causes phenomena of intoxication. With the view of avoiding such accidents he thinks it would be well, as a general rule, to use only the neutral crystallised sulphate, and not extracts of the drug.—*British Medical Journal.*

THE WATER OF A WELL AT MECCA.

The late Sir Richard Burton brought with him from Mecca, two small tin bottles full of water from the celebrated Zem Zem well. It was when he made his famous tour in the East, disguised as a pilgrim dervish in 1853. These bottles have remained hermetically sealed and intact ever since, until lately Lady Burton confided them to Mr. C. A. Mitchell, of King's College, London, in order that he might make an analysis of this water. It will be remembered by some of our older readers that the Zem Zem well at Mecca was made out to be the well of Hagar, and held in estimation by tradition ever since that day. Hence the water of this well is only used for drinking and religious ablution. Every pilgrim that arrives at Mecca is anxious to drink and bathe in this water, but there is not sufficient for all, so the following device is resorted to, which, by the way, may give us some notion of how cholera spreads among the said pilgrims, and is carried far and wide by them over the country. An Arab standing on the wall of the well draws the water up and pours it over the pilgrims as, stripped to the waist, they advance, each one in his turn. As it pours over him each pilgrim drinks what he can catch in his hands or his mouth, and the remainder of the water runs down his body, soaking through the loin cloth, *back into the well*, to be used again for the succeeding pilgrims.

This practice, it appears, has been continued day by day, year after year, for Heaven knows how long, and, of course, the water is anything but pure. On opening the hermetically sealed bottles there was a slight discharge of gas. It had been kept in these bottles in the dark for no less than forty years, and some kind of a fermentation had no doubt taken place; it showed no bacteria, but it gave 219½ grains of residue to the gallon, over 69 of which were chlorine. There were some silky crystals in suspension which looked like gypsum, but were found to be stannic acid, derived from the tin bottles. The water was distinctly alkaline to litmus paper, but this alone would signify nothing, as our London waters present the same character; it had a specific gravity of 1·002 at 14° C., and it contained a notable amount of free ammonia, with chlorides, sulphates, and nitrates of potassium and sodium. There was a considerable amount of organic matter, containing nitrogen, and white fumes of ammoniacal salts were given off when the residue of the evaporation was heated over a lamp. The sooner the pilgrims to Mecca give up using this water for drinking, the better will it be for them and all with whom they may happen to come in contact.—*Monthly Magazine of Pharmacy.*

PICROTOXIN AS AN ANTISUDORIFIC.

Semmola and Gioffredi relate (*Rif. Med.*, December 29th, 1894) the case of a lady, 43 years old, who had an attack of influenza in December, 1893, with high, persistent fever, headache, and slight cough. During the long convalescence she began to suffer from sweating, which came on after the least exertion, and gradually increased until the sweat poured off her in rivulets. Together with this hyperidrosis she had dull red patches on the skin, which were more or less persistent. There was no noticeable alteration either subjectively or objectively in the nervous system. There was a slight systolic murmur at the apex, and some accentuation of the second sound of the heart in the pulmonary area. *Atropine, agaricin, camphor, gallic acid,* and other antisudorifics were tried, but with no effect. Semmola concluded that sweating was due to a vasomotor paralysis due to the action of some influenzal toxin upon the vasomotor centre in the bulb. The presence of the dull red patches on the skin offered confirmatory evidence of this diagnosis. Since *picrotoxin* has a stimulating action on the vasomotor centre, Semmola administered this drug twice a day in doses of half a milligramme each. The result was highly satisfactory. The sweats gradually diminished, and in eight days had entirely disappeared.—*British Medical Journal.*

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays, 2.30; Diseases of Women, Tuesdays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Diseases of the Throat, Mondays, 2.30. Operations, Tuesdays, 2.30.

Communications have been received from Dr. WASHINGTON EPPS, Mr. DUDLEY WRIGHT, Dr. BLACKLEY (London); Dr. BLACKLEY (Southport); Dr. CASH (Torquay); Dr. LAMB; Dr. ORD (Bournemouth); Dr. MCLACHLAN (Oxford); Dr. SIMPSON (Waterloo); Dr. M. M. BOSE (Calcutta).

BOOKS RECEIVED.

The Eye and its Relation to Health. By Chalmers Prentice, M.D. Bristol: John Wright & Co.—*Report of the Calcutta Homœopathic Medical School*, 1894-95.—*The Indian Homœopathic Review.* March.—*Aseptic Prophylaxis of Asiatic Cholera.* By R. B. Leach, M.D. Paris, Texas.—*The Homœopathic World.* June. London.—*Medical Reprints.* June. London.—*The Chemist and Druggist.* June. London.—*The Calcutta Journal of Medicine.* March.—*The North American Journal of Homœopathy.* June. New York.—*The New York Medical Times.* June.—*The Homœopathic Eye, Ear and Throat Journal.* June. New York.—*The Medical Times.* June. New York.—*The Chironian.* June. New York.—*The Medical Century.* May and June. Chicago.—*The Medical Advance.* May and June. Chicago.—*The Clinique.* May. Chicago.—*Journal of Orificial Surgery.* March. Chicago.—*The Hahnemannian Monthly.* June. Philadelphia.—*The Homœopathic Physician.* June. Philadelphia.—*The New England Medical Gazette.* May. Boston.—*The Minneapolis Homœopathic Magazine.* June.—*Southern Journal of Homœopathy.* May. Baltimore.—*Pacific Coast Journal of Homœopathy.* June. San Francisco.—*Homœopathic Envoy.* June. Lancaster.—*The International Brief.* May. Philadelphia.—*Revue Homœopathique de France.* April. Paris.—*Bulletin Général de Thérapeutique.* June. Paris. *The Denver Journal of Homœopathy.* May.—*Leipziger Populäre Zeitschrift für Homöopathie.* June.—*Archive für Homöopathie.* May. Dresden.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Watergate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

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THE LONDON HOMŒOPATHIC HOSPITAL.

The month of July, Eighteen Hundred and Ninety Five, will be remembered in the history of British therapeutics as that in which a powerful stimulus was given to the further development of the scientific basis of the art of healing by means of drug-action through the completion of the re-building and consequent re-opening of the London Homœopathic Hospital. Founded in 1849 by the British Homœopathic Society and its President, the late Dr. Quin, its first premises were at 32, Golden Square, now in the occupation of the Board of the Throat Hospital. It was here that the power of homœopathically selected remedies to control the worst cases of cholera was so strikingly demonstrated in 1854, that the President of the Board of Health refused to incorporate the returns made by its physicians with those furnished by other hospitals to that Board—returns supplied in order that by a comparison of the methods of treatment adopted at different hospitals, some definite conclusions as to the most successful method of dealing with the disease might be arrived at! To checkmate this endeavour to suppress a knowledge of therapeutic truth—to boycott the most successful method—a motion was introduced in the House of Commons by Lord Ebury (then Lord Robert Grosvenor), the Chairman of the Hospital, and the House of Commons forthwith ordered a special return of the ignored homœopathic statistics

which was in due course made by the Board of Health, and still exists among Parliamentary Papers, a standing monument of a great public service rewarded by a great public injustice.

The evidence of the value to the public of a hospital in which disease was treated homœopathically, which this return afforded, greatly increased the popularity of the institution both with those who furnished the means for its maintenance, and among the sick poor who, when ill, availed themselves of the advice offered by public charities. With the increasing numbers resorting to the Hospital for relief the inadequacy of the premises to the purposes to which they were applied became more and more felt. The lease under which they were held expiring at Lady Day, 1857, the Board of Management endeavoured to purchase a house, or site for a new hospital. Some months elapsed ere the Board was able to secure premises capable of adaptation to hospital uses. During this time out-patients only were admitted, and these were seen at 38, Golden Square. The jubilation of the medical press at this substitution of a dispensary for a hospital was great, and one of the medical journals thus delivered itself:—"The last hospital devoted to this delusion (homœopathy) in London has closed its doors. It has dwindled down into a 'temporary office' and a 'dispensary' for out-patients. We hear much of the success of homœopathy, and yet the friends of this humbug cannot subscribe sufficient funds to support a 'hospital' even at a private house. Like all quackeries it has had its day—like all quackeries it has been supported by the shallow, weak and credulous on one side, and the charlatan and the rogue on the other. Such alliances are invariably broken when either the eyes of the one are opened or the rapacity of the other is not gratified."

While the malice which actuated the writer was recognised at the time, the ignorance which admitted of these sentiments being given to the profession was completely demonstrated when, within a year, 52, Great Ormond Street, after having been adapted to hospital purposes, was opened for the reception of patients. Still more fully have the conclusions of this writer been falsified by the experience of the nearly forty years which have since elapsed, and now, how contemptibly ridiculous they must sound to anyone who has inspected the

premises opened, on the same site, by H.R.H THE DUCHESS OF TECK on the ninth day of last month!

The building which, by dint of constant care and an expenditure of money in repairs and alterations almost equal to the cost of a new structure, has served the purposes of a useful and successful hospital since May, 1859, until quite recently, was originally known as POWIS HOUSE. When occupied in 1712 by the DUC D'AUMONT, ambassador of LOUIS THE FOURTEENTH to the British court, Powis House was burned to the ground, and that which has now for so many years been occupied as a Hospital was built. How great are the changes in Great Ormond Street and its surroundings that have been wrought during the nearly two centuries that have passed since Powis House was rebuilt! Then, says a writer of that day on the sights of the metropolis, "Ormond Street is another place of pleasure, and that side of it next the fields is, beyond question, one of the most charming situations about town." "Southampton Row," he further says, "was built for the sake of the prospect before it, but for my part, I should have been uneasy at residing there, from want of shelter from the wind in winter and the sun in summer." Now, it is the centre of a dense population, and that largely of the class which fills our hospitals with cases of disease and injury. So that though a would-be resident in London would scarcely regard it as "one of the most charming situations about town," yet as a field for hospital usefulness its neighbourhood leaves little to be desired. The number of patients resorting to its wards and waiting-rooms has ever been on the increase, and in proportion to this increase has the accommodation been found defective. The following table gives an idea of the progress which has been made in the development of its popularity. Established forty-five years ago, the work being carried on in Golden Square for nine years, its history divides itself into five periods of nine years.

First	nine	years	...	24,984	patients.
Second	,,	,,	...	42,003	,,
Third	,,	,,	...	65,995	,,
Fourth	,,	,,	...	72,420	,,
Fifth	,,	,,	...	93,665	,,
		Total	...	299,067	

One can easily see that however well constituted to receive 42,000 patients during nine years an institution may be, to admit to the same building 93,000 during a similar period of time, numerous difficulties and imperfections must have been encountered. The over-crowding of a hospital, whether in its wards or waiting-rooms, is as prejudicial to its usefulness as a house of recovery from sickness as anything well can be. Then, it must be remembered that, in the work of sanitation generally, and in that of Hospital construction in particular, the progress of knowledge during the last five and twenty years has been enormous. Further, we must not forget that, as the popularity of the Hospital has extended, so too has its field of work enlarged. And therefore, while the teaching of HAHNEMANN must be supreme in the medical wards, the influence of that of LISTER must be added thereto throughout, and especially in the surgical department.

With all the imperfections of a dwelling house erected two hundred years ago, and adapted to, not originally constructed for, hospital purposes, with the increasing number of persons seeking to partake of the advantages it had to offer, it has long been obvious to the Board and the Medical Staff that the old building must give place to one in harmony with modern ideas in hospital arrangements. So far back as 1883 the late Major VAUGHAN MORGAN, at the Annual Meeting of the Governors and Subscribers, spoke of the need of a new building, and was only restrained from pressing it by the difficulty of raising the money required for the purpose. In 1889, having found some friends ready to make a beginning with a building fund, he again referred to the increasing urgency of rebuilding. In 1890 the Board, in their Annual Report, directed attention to the proposal to rebuild in very decided, and at the same time in very encouraging, terms. Within two months of this meeting promises of help had been received to the amount of upwards of £15,000. This large sum was rapidly added to, so that in October of the same year we were able to announce in the *Review* that the sum raised amounted to £21,500. In June the following year the subscription list had reached £26,000. At a dinner held in honour of Major VAUGHAN MORGAN a little later an additional sum of £4,800 was contributed towards the completion

of the work in which the guest of the evening had so deep an interest, a work he had in so large a measure initiated and had done so much to forward.

Since this time the building has been erected, its foundation stone having been laid on the 23rd of June, 1893, by H.R.H. THE PRINCESS MARY ADELAIDE, DUCHESS OF TECK and the PRINCESS VICTORIA MARY OF TECK, DUCHESS OF YORK; and, as a report of the interesting ceremony in another part of the *Review* shows, it was opened for the reception of patients by the DUCHESS OF TECK on the 9th of last month.

At the dinner at the Métropole Hotel on the following evening, as will be seen from the report on another page, very interesting speeches were made by Lord EMLYN (the treasurer) and Mr. STILWELL (the chairman), in which the position of the Hospital, its work in past years, and the prospect of increased usefulness in the future, were dilated upon. Lord EMLYN, in concluding his speech, when proposing the toast of "Prosperity of the London Homœopathic Hospital," said, "There are around us in London many social problems, and in endeavouring to widen out, on scientific principles, such a hospital as this, we are standing on solid ground, and helping to do a vast amount of good to the people of this great city. The work we are doing is a labour of love to all of us who are endeavouring to build up this Hospital on the firmest basis. We can only express the hope that it will widen out, and give to the poorer classes that which we know is so useful and of so great benefit to them."

An inspection of the interior of the new building will assure the most critical of judges that, in all its details, those who have undertaken the work of designing and of constructing it, have most thoroughly "widened out on scientific principles." In designing the interior of the building the best English and Continental models have been studied. The architect, Mr. WILLIAM A. PITE, F.R.I.B.A., has had at all times the co-operation of the medical staff, and a specially appointed Building Committee under the chairmanship of Mr. ALAN E. CHAMBRE. On all points the internal requirements of scientific hospital construction have been considered in preference to external architectural effect. The result is that in all its internal arrangement there is little, if anything, left to be desired. Want of space prevents us from

entering into structural details, a full account of which has been published by the Board in a pamphlet entitled, *Historical Sketch of the London Homœopathic Hospital*, with which we doubt not the secretary, Mr. CROSS, will be happy to furnish any applicant.

At the dinner already referred to, a further addition was made towards the funds still necessary to complete the sum which has been expended. It was feared that the engagements of so many people in connection with the recent Election, which, at the time when the dinner was held, were especially pressing, would have done much to prevent a successful gathering. But, financially at any rate, little injury can have arisen from this cause. After dinner and at the opening on the previous day, when £350 were handed to H.R.H. THE DUCHESS OF TECK, £6,100 were subscribed. In addition to this sum, Lord DYSART, who has been a most generous friend to the Hospital, and who, but for a sudden attack of illness occurring on his return home from the opening ceremony, would have presided on the occasion, in a letter to Lord EMLYN, offered to provide 10 per cent. of the building deficit if the remaining 90 per cent. were raised within a year, and a further sum of £1,000 towards a future extension of the Hospital. To complete the sum required to free the Hospital from debt, an additional £6,000 are required, of which, if raised within a year, Lord DYSART accordingly will provide £600.

We cannot too strongly urge upon all our colleagues the duty of doing all within their power to raise this £5,400 as rapidly as possible. In doing so, we would recall a passage from a speech of the late Mr. MARMADUKE SAMPSON, at a meeting held at Willis' Rooms, in 1849, to promote the foundation of a Hospital.

"It is," said Mr. SAMPSON, at that meeting, "in the conduct and upholding of a hospital that our proper rallying point is to be found. . . . The friends of homœopathy will all feel that it is the hospital which solely maintains the cause before the public, and that no injury to homœopathy or reproach to themselves could be heavier than that of their permitting it to break down. . . . We have seen the science, of which the mass of the people were almost entirely ignorant, pass through all the stages of neglect, derision and opposition, until, heard of on every hand, it has reached the crowning

triumph now about to be accomplished in the establishment of a hospital."

When to this important reason for supporting our Hospital, we recall the personal advantages to be derived from the work done there, the training of nurses who can be thoroughly relied upon in the sick room by the homœopathic physician, the opportunities provided by the medical staff for the study of interesting and obscure cases on consultation days, when the members of the staff endeavour to share with their colleagues outside the Hospital some of the advantages they enjoy, the excellent material for study and for keeping *au courant* with the progress of medicine and surgery which appears in the *Hospital Reports*, together with the provision made for receiving into the various wards cases occurring in the practice of any one of us that require hospital care and management, we have, we feel sure, said enough to stimulate every one to exertion in lightening the anxieties of the Board in matters of finance.

We may, however, reasonably hope for more good work now that such ample provision has been made for it. We look to see the revival of the SCHOOL OF HOMŒOPATHY, which, we are assured, is not dead but only dormant. We anticipate not merely desultory but thoroughly well ordered and systematic teaching at stated hours on regularly appointed days. Again, we would quote from Mr. SAMPSON'S speech already referred to. He said:—"Let us remember that in spreading homœopathy as we have done we have given currency to a doctrine which, in proportion as it is novel and beautiful, will attract a host of ignorant and sordid men to make use of it, unless we take every care to insure that the increase of qualified practitioners shall be equal to the increase of converts among the public. A Hospital capable of receiving pupils is the only means by which this can be effected." This is as true to-day as it was when it was uttered forty-six years ago. It is the bounden duty, as we believe it will be the pleasure, of the physicians and surgeons of the Hospital to do what they can with so large and important an accession of opportunities to instruct enquiring medical men in the practice of homœopathy.

It will be recognised that the scope of the new enterprise presupposes a ceaseless energy and activity on the

part of the management and the medical and official staff. It is impossible for them to accomplish the task alone. If it is of real value to the homœopathic section of the profession in England that a hospital of this status, power, and activity should exist in the metropolis as a standing proof of the reality of homœopathic medical science; if it is of importance to the adherents of that science among the public that the supply of homœopathic practitioners, trained in practice under the best auspices, should not fail, then it is the concern and the duty of the profession and their patients alike, that this great scheme should not, at the moment of supreme endeavour, be allowed to fail for want of the sinews of war. It would be difficult to over-estimate the importance of this Hospital in the metropolis as the representative of liberty and progress in medicine, as the actual sign, to foreign, American and colonial visitors, of the vitality of homœopathy in England, and as the medium for conferring its great advantages on the sick poor of London and other parts of the country. Originally designed as a national charity, it more nearly fulfils that character to-day than at any previous time, drawing, as it does, its patients and its funds from all quarters of the United Kingdom.

The work of the Hospital as it is proposed to be carried on will require new income to the extent of not less than £2,000 a year. The new Hospital will accommodate 100 patients—probably more. Such an increase in its work on improved medical methods, cannot possibly be maintained without that earnest co-operation of medical men and their patients throughout the kingdom which, as a national charity, it deserves. For the advancement of homœopathy, it is of the first consequence that the enthusiasm of its medical staff and the energies of its management shall not be lethargised by want of the active interest and support of all who hold the principle of medicine it represents to be of importance to medical science. If the response to its appeals be equal to what the generosity of its supporters have taught its management to expect, its position as the exponent of a medical principle, rapidly being adopted in the newer practice of the older schools, will soon make itself felt in the metropolis and throughout the country.

RECENT DEVELOPMENTS OF HOMŒOPATHY.

THE opening of the new London Homœopathic Hospital bears eloquent testimony to that great revival of interest in homœopathy which has so markedly characterised medical progress during the last few years. The present is therefore a suitable occasion for looking round the field of homœopathy, and observing what has been achieved since the days of its honoured founder—HAHNEMANN. Vast strides since then have been made in popularising its methods, emphasising its results, and spreading its reputation as a therapeutic method among all classes of the community, and that, too, in every civilised country of the globe. We note with special pleasure, that the advantages of homœopathic treatment have been made available for the sick poor by the many hospitals and dispensaries that are maintained by its philanthropic patrons, of which our new London hospital is the most recent and notable example. By the beneficent influence and active propaganda of the principles of homœopathy, bleeding, salivating, cauterizing, and other mediæval abominations that disgraced the medical profession for long after HAHNEMANN'S day, have ceased to be practised by our opponents. Coincidently we find, amongst all sections of the profession—even with those who scout the name of "homœopathy"—an increasing number who daily avail themselves of its principles in their practice. So marked a feature, in modern old-school therapeutics, has the relinquishing of the nauseous mixtures and semi-poisonous doses of former days become, that many leading men now pride themselves on including only one essential ingredient in a prescription; how greatly this contributes to the comfort and advantage of their patients we need not pause to ask.

From these gratifying achievements we turn to enquire whether the progress of homœopathy *as a science* has been equally marked and satisfactory. We see around us the modern developments of operative surgery, pathology, and sanitation. Since none of these existed as distinct branches of medical science till long after the discovery of the therapeutic law of similars, we may enquire if our knowledge of pure homœopathy has progressed in a similar degree.

It is true that many new drugs have been introduced, that they have been more or less thoroughly proved, and that their applications according to the law of similars have been clearly described. New uses have also been discovered for old remedies. In those special departments of medicine and surgery which are now necessarily relegated to experts, the homœopathic application of drugs has been developed and better defined. We have amongst the leading specialists one or more in each department who avowedly prescribe by the law of similars, and have thrown in their lot with us. All this testifies to the advance made in practical methods of applying the foundation truth of our therapeutics. Thus the practical side of homœopathy has been both assiduously and effectively studied. On the other hand, much remains to be investigated to place the lessons taught by the work of the past in a clearer light, and to formulate from its results principles which will have an important bearing upon our practice in the future.

As an illustration of our meaning, we refer to the special studies of Dr. Woodward, professor of Materia Medica and Clinical Therapeutics in the Chicago Homœopathic Medical College, on the order of development of symptoms in disease. Also his subsequent investigations as to their possible value in practice in accordance with the principles of homœopathy. The subject was first introduced by Dr. Woodward at the International Congress of Homœopathy, held in London in 1881. We are glad to learn that at the coming International Congress, to be once more held in London, in 1896, the subject is again to be raised and recent progress reported —we hope by Dr. Woodward in person. In our own country the matter is receiving attention from our colleague, Dr. Ord, of Bournemouth, whose paper in our March issue, *On Sequence of Symptoms*, excited considerable interest.

The principle suggested by these observers, as being adapted to practical use, is briefly as follows :—That not only is there a similarity between the symptoms of a disease and the provings of that drug which is homœopathic to the morbid condition, but also that this similarity can be shown to have persisted in the successive steps by which the two conditions—the disease and pathogenetic picture—were arrived at, in other words

that the sequences in which their symptoms were developed will also be found to exactly correspond. Thus the application of the law of similars is found to extend not only to the complete disease and drug-picture, as has always been supposed, but also to the order of development of the two phenomena.

The inherent probability of this proposition must be apparent to all. The question remains, can the principle be proved to be sufficiently reliable to be usefully applied in practice? If the correct sequence of symptoms for the drugs we use can be ascertained, and also the similar order of development of a patient's symptoms, were the drug the true homœopathic specific, we might certainly expect the sequences of their symptoms to correspond. Hence in difficult cases, where we might be halting in doubt between several drugs apparently indicated by the symptoms before us, a comparison of these sequences might be expected to assist us in the selection of the correct remedy.

As to how far such a method can be safely adopted for use in practice, the accumulated experience of many observers can alone decide. · It must always remain subservient to the original practice of more or less strict symptom-covering, as recommended by HAHNEMANN. Of this, indeed, it can only be a new development a little further a-field, in a direction which may be described as having been so far waste ground. However well the sequences of symptoms of a drug-disease and a morbid process may correspond, we must never expect a remedy indicated by the former to prove curative unless it also covers the symptoms then present in the good old-fashioned style. We are glad to know that both Dr. WOODWARD and Dr. ORD are agreed as to the importance of this, and are not carried away by any vain ideas of inventing a superior method of prescribing that shall render the careful comparison of symptoms unnecessary.

This being understood we may welcome with interest the views of our colleagues as being probably of real practical value, possibly indicating a step in advance in the development of pure homœopathy. Already in America Dr. WOODWARD has for some years been daily demonstrating the practical application of the principle in his clinique, and some of his published results are of

great interest. We are promised reports of a series of cases, from dispensary practice, demonstrating what has been done in this country in testing the method as an aid in the selection of the simillimum, and hope to be able to publish them shortly.

ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF APIS VIRUS.*

By Alfred C. Pope, M.D.

The sting of a bee or a wasp is followed by a train of symptoms resembling those present in various forms of disease. Taken by the mouth, the *virus* is also productive of indications of morbid action of a similar, though far less severe, character. To utilise therapeutically the consequences of bee-sting poisoning, a collection of such cases was made, and some experiments upon men and women were undertaken, thirty or forty years ago, by the New York State Homœopathic Medical Society, and published. The late Dr. Constantine Hering—always deeply interested in introducing poisons, derived from the animal kingdom, into medicine—was one of the experimenters, and contributed largely to introduce this poison as a remedy into the modern practice of medicine. It is, however, a popular medicine of somewhat ancient date, and in a few of the old herbal books directions are given for preparing an infusion of bees to cure "the dropsy."

In Allen's *Encyclopædia of Pure Materia Medica*, a full report of all the symptoms produced by bee-stings and resulting from experiments is given in the schema form. In the *Cyclopædia of Drug Pathogenesy* will be found the most reliable of the provings and a number of characteristic cases of poisoning. The twenty-first volume of the *Monthly Homœopathic Review* contains a very useful study of *apis* by Dr. Dyce Brown.

The mode of procuring and preparing the poison for medicinal purposes is important. The following are the directions of *The British Homœopathic Pharmacopœia*.

"Take a clean wide-mouthed, stoppered bottle, and standing by the side of a bee-hive in full-work, place the mouth of

* Revised from a lecture delivered at the London School of Homœopathy.

the bottle against the entrance to the hive so as to catch the bees as they emerge from it, closing every aperture to prevent their escape on either side (the early morning is the safest time for doing this); then strike the hive sharply and repeatedly with a cane until a sufficient number have been introduced into the bottle, where they become much irritated by their imprisonment, and try vainly to sting the operator's hand through the glass. While they are still enraged, introduce a few drops of chloroform, and as soon as they are stupefied shake them out of the bottle, pick out all the drones, cut off the posterior half of the abdomen of each female bee with sharp scissors and let it drop into a glass or porcelain capsule, the weight of which has been previously ascertained. Re-weigh the whole, and having calculated the weight of the particles place them in a mortar, pour over them a sufficiency of dilute alcohol to cover them, and then bruise carefully till the whole is reduced to a pulp; return the pulp into the bottle and carefully wash the capsule and mortar with dilute alcohol, transferring the washings also into the bottle using in all ten fluid ounces to every ounce by weight. Put in the stopper and let the parts macerate for two days, shaking repeatedly, so that any of the poison which has been ejected against the glass may be taken up by the spirit. Afterwards filter the tincture but do not press the pieces of bee.

"*Test.*—If well prepared, it will cause an exythematous patch about the size of a shilling when the skin is pricked by a needle previously dipped in the tincture."

Whether the poison is introduced by a sting in some part of the body, or taken for the purpose of experiment, the earliest symptoms of disordered health are most frequently observed in the mouth and throat. The mouth feels scalded; the lips become swollen and dry; the tongue painfully burning, as if scalded; on the tip and sides are a quantity of vesicles and sore, red places. In one case, where a man was stung on the top of his head, the tongue swelled to such an extent as to prevent swallowing and to render the breathing so difficult and gasping as to excite fear of suffocation. Passing backwards to the pharynx we find it described as feeling raw and contracted, swallowing is difficult, and there is a frequent hawking of accumulating mucus. The influence of the poison on the larynx is very marked, producing a hoarse rough voice, a severe cough, with tickling at a small spot low down in the trachea, worse when lying down and relieved by detaching a small particle of mucus. The chest feels sore and bruised, with stitches through to the

back, breathing becomes difficult and there is a desire to draw a long breath which it is difficult to gratify. In one case an extensive bee-keeper, constantly exposed to the influence of bee poison, was compelled to desist from working among the bees in consequence of the effect produced upon his chest. Having been absent from all contact with the poison for some weeks he stepped into his yard, when an ugly bee passed within eight inches of his face discharging its poison as it passed. In half an hour he had a severe paroxysm of illness. The first symptoms were an almost unbearable itching, tingling sensation in the roof of the mouth, and so on down the breathing tubes as far as they extend, then an asthmatic filling up sensation. For more than eight hours he could not speak aloud, and for two or three days was unable to raise his voice above common conversation.

The head feels confused and dull, pain is especially felt along the supra-orbital ridge, it is a feeling of tightness as though all the parts were stretched. In one case —that of an amateur bee-keeper—exposure to bee poison induced throbbing and a sense of fulness, weight and pressure at the vortex and forehead. In other cases the head has felt as if it were enlarged, "too big" is the expression. Sudden dizziness is described by one, and a "sensation of whirling around with difficulty of seeing at the same time, lasting only a moment," was experienced by another.

The face becomes hot, red and œdematous. There is some coryza.

The eyelids are affected by pricking pains in most cases, in some they itch, are agglutinated in the morning and in others are puffed and everted with œdema.

In the eyeballs is a sense of pressure, burning, swelling, smarting and shooting with lachrymation, and in one case as the result of a sting from a wasp in the right supra-orbital region, there was some burning and a little redness of the left eye, with lachrymation and, in the centre of the cornea, a whitish patch, extending some millimetres, with obscuration of sight.

The nape of the neck feels stiff and, with the face, abdomen and limbs, is frequently swollen. In other cases it is the seat of stitch-like pains. The arms and legs are swollen. Especially marked, in many instances, are pricking, burning and numb sensations in the fingers

and toes, and also in the knees. The feet are swollen, bright red and stiff.

Upon the skin the action of the poison, however introduced into the body, is constant. In provings and slight cases of poisonings, it is seen in burning and tickling and pricking, with small red and white spots. In others blotches form on the body, or wheals perfectly white with red interspaces. This eruption resembles, or is described as resembling, nettle-rash. Generally present too is nausea, with inclination to vomit, or actual vomiting of bilious fluid, followed by rumbling and soreness in the abdomen, and diarrhœa of thin yellow stools, chiefly early in the morning.

There is a scanty supply of urine with very frequent urging to pass it, and burning in the urethra while doing so.

The mental condition is one of great irritability and disinclination for occupation. Sleep is restless and full of dreams of a troublous character.

In some cases of poisoning there is a degree of feverish heat followed by chill early in the morning in one instance, and in another a slight rigor was followed by fever at night.

In all there is great weakness, extending to utter prostration, and in one case to collapse—this being in proportion to the intensity of the poison, and of the susceptibility of the sufferer to it. In one case (*Monthly Homœopathic Review*, vol. ii., p. 285), where the first symptoms were those of nausea and vomiting with oppression of breathing, diarrhœa followed, and the subsequent exhaustion was such that the patient sank within six days of the bite.

In the ovario-uterine sphere the symptoms of ovarian irritation have been well marked.

Hæmorrhage was occasioned by the poison three days after the period in a woman whose menstrual life had previously been quite normal. In pregnant women it excited bearing down pains, hæmorrhage and miscarriage at the second and third months. Bearing down pains with aching across the sacrum have been frequently noticed.

Cutting and drawing pains with soreness were observed in both ovarian regions, but chiefly in the right. This

pain and tenderness in one or other ovary was frequently remarked.

The labia in one case were swollen.

A substance capable of modifying health in so striking a manner as does the bee-poison, when employed in conformity with the rule of similars, may well be expected to prove a valuable remedy in some serious forms of disease. The experience which has been gathered from its use abundantly bears out the expectations which, under these circumstances, might be legitimately formed of it.

The power of bee-poison to irritate and increase the normal secretion of mucous and serous membranes, to inflame the skin, and excite pricking, burning and numb sensations in the fingers and toes, are among the most uniform of its effects however it may have been introduced into the body.

In applying the pathogenesis of *apis* to therapeutics, I will first of all refer to its anti-pyretic action. This, it will have been noticed, is far from striking or being frequently noted. There is, however, a distinct febrile movement caused by the poison; in one or two instances it has been observed as being periodical. Hence, it has been inferred that in some intermittents it may be useful. It is so, however, chiefly when other symptoms, such as sudden and intense oppression of the chest, occurs, when urticaria is present, or there is œdema of the feet or hands with albuminuria. As an illustration of the form of fever in which it may be used with advantage, I will quote a case recorded by the late Dr. Nichol, of Montreal (*American Observer*, 1876). The patient, a lady, had been ill for six weeks, during which time she had been treated *secundem artem*, the chief medicines used having been *quinine, arsenic, iron, nux vomica* and *ipecacuanha*, but without any good result.

At this time Dr. Nichol was called in, and found the condition to be as follows:—

"The morbid state in which I saw her," he writes, "was as follows: Each afternoon, about three o'clock, a shivering chill commenced running down the back, and gradually spreading itself over the rest of the person. That curious symptom was present, 'the hands seem to be dead,' and this indication, which alone would suffice to bring *apis* before the

mind's eye of the homœopathic practitioner, was mentioned to me by the patient of her own accord. The chilliness was aggravated by warmth, especially by the heat of the fire, less by the heat of the bedclothes. The chilly stage was quite distinctly marked, and did not blend with the hot stage, as in the *arsenicum* intermittent. After lasting a little over an hour, the chill passed away, and was followed by violent burning heat, with flushed cheeks, and throbbing headache, but with little or no thirst. The sweat was less marked than the other stages, and at times a dry heat alternated with the light sweat, appeared instead of it. I made a careful examination of the abdominal viscera, but could detect no change whatever in either liver, or spleen, and as the fever originated on the island of Montreal, where true malarial intermittents are almost unknown, I considered it to be a case of true irritant intermittent fever, a true dynamic affection of the nervous system *not* caused by malarial poisoning.

"I prescribed *apis mellifica*, 5th decimal trituration, one grain every hour, and on the following day the attack was much lighter; on the 21st December it was hardly perceptible, and on the 22nd it had entirely disappeared. I watched the case until the 31st of the month, when it was dismissed."

In the brief outline I have given of the action of *apis* on the mouth and tongue, inflammation of the latter is clearly indicated. In cases where the victims were stung over the temples, hands, or arms the following symptoms were prominent: The tongue was swollen; speaking, moving the tongue, and swallowing were alike impossible. The tongue was burning hot, and this sense of increased heat extended down the œsophagus. The tongue felt raw as well as hot and scalding; vesicles covered the tip and edges; saliva was copious, frothy, soapy, or stringy; the swelling of the tongue prevented swallowing.

The following case, an admirable illustration of the action of *apis* in glossitis, is recorded by Dr. Dyce Brown in *The Monthly Homœopathic Review*, vol. xxvi., p. 162.

"Eliza G., æt 47, a lady's maid, was admitted into the London Homœopathic Hospital on the 23rd of January, 1882, under Dr. Brown's care. On the night of the 21st she went to bed shivering, and her limbs aching, and slept but little. The next morning her tongue was swollen, especially the right half, and she had pain in swallowing on the right side of the throat. The tongue continued to become more swollen and painful during the day. She slept badly on Sunday night, and on Monday morning had an attack of painless diarrhœa,

and suffered from severe frontal headache with pain of a pricking character in the right half of the tongue and down the throat. She was admitted on Monday evening. She now complained of aching pain in her frontal region; is unable to speak plainly owing to the swelling of the tongue, and the effort to speak or swallow is attended with much pain in this organ. Pain and tenderness in the right sub-maxillary region, extending to the angle of the jaw, where there is some amount of brawny swelling. The forehead and right side of the face and neck are suffused with a pink blush, disappearing on pressure. There is no œdema of the face.

"The tongue is enlarged in the right half, and of a hard brawny consistence; it is very tender; the patient cannot protrude it farther than just to the edge of the teeth. It is thickly coated all over except along the edge, which is pink in colour, with dark red papillæ standing out. The breath is extremely foul, and speech difficult and indistinct. There is pain on swallowing, even liquids, referred to the 'back of the tongue,' and right side of the throat. Ordered milk and beef-tea and *acon.* 1 ♏i. and *apis* 1 ♏i. alternately every two hours. E. temp., 100.4.

"Jan. 24. M. temp. 98.4; p. 124; did not sleep, but was not restless; tongue still very painful and swollen, less pain in the throat on swallowing; no difficulty in breathing. E. temp. 98.4.

"Jan. 25. M. temp. 98.4; p. 104; slept well; tongue less swollen and not so tender; no pain in the throat. The *aconite* was now stopped, and *apis* continued every three hours. E. temp. 98.4.

"Jan. 26. M. temp. 98.4; p. 92; did not sleep so well, but is much better this morning. The tongue is less swollen, still red round the edge and furred over the surface; it is marked by the teeth along the right side; can speak much more distinctly. Breath still foul; bowels moved naturally.

"Improvement in every point continued, and on the 3rd of February all trace of the disease was gone except a slight stiffness along the right side of the tongue."

One has only to compare the simple measures adopted in this case—one of a nature which abounds in the possibilities of complications calculated to lead to a fatal issue—with those which are taught in the best modern text-books, to be struck with the difference between prescribing on a homœopathic and on a pathological or so-called "rational" basis.

Proceeding backwards along the mucous membrane,

we find both pharynx and larynx acutely inflamed. The following symptoms, observed in a person who died within twenty-seven hours after being stung in the throat, will describe the state induced. Some hours after the sting, the throat swelled inwardly, then outwardly; the voice grew hoarse, breathing and swallowing became very difficult; the latter was not caused by the swelling in the throat but by the irritation of the epiglottis, for every drop of liquid put upon the tongue nearly suffocated him. A small white spot was noticed about half-an-inch to the left of the glottis.

Further, we find the throat to be dry, burning and raw, a viscid saliva adhering to the hard palate, velum and tongue. A sore throat accompanied by a hoarse hard spasmodic and somewhat hollow cough, caused by a sensation of filling up in the throat, as though he needed to raise something. The soreness is described as one of erosion, excoriation or rawness.

These symptoms you will observe are all subjective, and in so far are imperfect. But the character of the inflammation set up by *apis* elsewhere is sufficiently clear to enable us to assume without any hesitation that the swelling referred to arose from an œdematous condition, an œdema pervading not only the pharynx but the glottis. Such being the case we have in *apis* a medicine calculated to control a most dangerous and generally fatal condition.

The inflammation set up by *apis* in mucous or serous membrane or skin attacks the connective tissue rather than that of the surface. In considering the pharyngeal and laryngeal derangements in which it is remedial, this must ever be kept in view. There is, for example, a form of tonsillitis, where the somewhat considerable swelling is pale and puffy, rather than bright red and firm, and where the uvula and surrounding tissues are similarly involved, in which it has often proved promptly remedial. Again, in some cases of diphtheria, where the special morbid process has conjoined with it a certain amount of œdema, which tends towards the rima glottidis, *apis* is the most trustworthy medicine within our reach. It is, moreover, not only homœopathic to the local appearances in such cases, but to the general state of the patient. As Dr. Hughes has remarked, "the great prostration, faintness, and even tendency to

death by syncope, noticed in those stung by bees, show that *apis* has more than homœopathicity here." Nevertheless, it is not a specific in all cases of diphtheria, but only to that variety of the disease which manifests a distinctly œdematous condition of the parts invaded by it.

The same is true of some cases of scarlatina. When the throat swelling is of the nature of œdema, when the eruption is slight and inclined to fade, when albuminuria is present and the patient is unusually prostrate, then *apis* is preferable to the medicines more commonly indicated.

The laryngeal irritation, at first sight, becomes gradually more intense, producing what is probably an œdematous distension of the laryngeal and tracheal mucous surfaces.

In the first instance, the symptoms direct us to a form of cough which is more frequently met with as complicating disease, either acute or chronic, in some other organ of the body than as an independent malady, though now and again it appears as a symptom of a catarrh.

This cough, commonly associated with some hoarseness and loss of voice, generally makes itself especially troublesome at night, coming on after first lying down, or waking the patient out of a short sleep. There is a sense of tickling in the upper and then in the lower part of the windpipe. There is no expectoration, but an unusually dry tickling cough for some time, when, with the detachment of a little mucus, relief comes for a little while. In such a case *apis* may be given with much confidence.

Then in acute laryngitis or tracheitis characterised by a sense of swelling of the air passages; hoarseness with great difficulty in speaking, dyspnœa, feeling of impending suffocation with some lividity of the lips and face, together with fever and headache, *apis* is the medicine which should be prescribed.

Further, in some cases of pulmonary and pleural œdema there is reason to expect benefit from the bee poison.

The tendency of this poison to excite œdema in mucous and serous tissues has been already noticed; and the evidence of such a state of the larynx and trachea following its introduction has been adduced. That the same condition arises in the lung and in the pleura is also

rendered probable by the effects of bee poisoning. Thus, we find fulness and oppression of the chest, with a frequent desire to take a deep inspiration; a sense of constriction or suffocation, with difficult and anxious respiration, together with a sensation of soreness and a lame, bruised feeling in the chest as if the result of recent injury.

These symptoms have frequently led to the successful administration of *apis* in cases of pleural effusion consequent on acute inflammation of a low type. It is more than doubtful if it would be of any service where the effusion was consequent on organic disease of the heart, liver and kidney.

I refer here to its curative use. As an antipathic palliative it has shown itself capable of relieving the anasarca of cardiac disease. Thus, in *The New England Medical Gazette*, November, 1874, and *Brit. Jl. Hom.*, vol. xxxiii., p. 348, Dr. Moore records the particulars of a case of organic disease of the heart of several years' duration which came under his care in consequence of his patient having taken a severe cold. *Arsenic* 30, *apis* 3, *cactus* 3, and finally *calomel* were given without any result. The patient was slowly going from bad to worse. Dropsy of the limbs gradually supervened, the urine became more scanty; hyperæmia of the lungs, liver and kidney was present. The catheter was used daily, but only brought away four ounces of turbid urine during twenty-four hours. At this stage Dr. Moore added two drachms of *apis* tincture—the *matrix* that is—to six ounces of water, and of this gave a dessert-spoonful every hour. At his next visit he found his patient able to lie down, and to have passed water without assistance. Four ounces more water were added to the mixture and the same dose continued. Both ascites and anasarca of the limbs rapidly disappeared, and at the same time, proving that the diuresis was pathogenetic, there was repeated inclination to diarrhœa and a considerable soreness of the throat and fauces—all characteristic symptoms of *apis* poisoning, not aggravation of existing symptoms.

The kind of pleuritic effusion to which I refer is very well described by Dr. T. K. Chambers in his interesting and instructive work entitled *The Renewal of Life*. In describing the pathology of such a case he says:—

"In the full vigour of health, the pleura, pericardium and other similar membranes probably pour out a much greater quantity of fluid than they do in disease, which fluid, however, in the normal state, is taken up again by absorption as soon as exhaled, so that in opening it we find each serous sac damp indeed, and dripping, but empty. By disease this last-named vital act is destroyed, or at least impeded, and, the natural transudation still continuing, a collection of its products remains ensacked."

This is the effusion, or, as Dr. Chambers describes it, the "collection," which follows an attack of pleurisy of considerable duration or one occurring in an originally enfeebled subject. Here *apis* will be eminently useful, and has often rendered the trocar unnecessary.

Dr. Marcy, of New York, in his work, entitled, *The Homœopathic Theory and Practice of Medicine* (1850), says that he has seen favourable results from *apis* in one case of hydrothorax, in another of protracted general dropsy, and in three of ascites, the particulars of one of which he gives. It was a case where ascites followed a protracted dysentery, complicated by several weeks of allopathic medication, in a boy of 12 years of age. Under the care of Dr. Taft various medicines, more or less homœopathic, were tried, and Dr. Marcy was called in to discuss the propriety of tapping. Both he and Dr. Taft considering this necessary, the operation was performed. In due time, however, the fluid re-collected and signs of hydrothorax presented themselves. Recourse was now had to *apis*, and after two or three doses of a trituration of bees a large quantity of urine was passed, all the symptoms were ameliorated, and in two or three weeks his health was completely restored.

(To be continued.)

THE MEDICINAL TREATMENT OF NASAL POLYPI.*

By Eubulus Williams, M.D.

When I first suggested the idea of writing a paper on polypus, I did not conceive of doing more than make a few remarks thereon; to suggest remedial treatment by medicine appears absurd in the face of the advocates

* A paper read before the Western Counties Therapeutic Society.

of surgical removal of polypi, by the aid of the electric cautery or snare.

I suppose we do not forget the able paper read by Dr. Alexander on this disease; how enthusiastically he advocated the use of the electric snare, until one was almost tempted to wish one had a polypus for the pleasure of demonstrating in person the pleasantness of the operation. Indeed, so far did this prevail, that one of our number submitted to the position of "the operated." On the other hand, there exist many exceptions to those who like to submit themselves to operation, and it is to encourage these timid ones that I suggest and bring forward some cases to illustrate the advantage of medication in the removal of these polypi.

While the electric snare is so great an improvement on the orthodox treatment of my early days—that by torsion—I should myself prefer medication. At the same time I would not oppose the operation to those who like it. If the cases I lay before you should evoke sufficient interest to lead anyone to try the medicinal treatment, my object will be gained; as, if successful, they will be rewarded by the gratitude of a patient—and if unsuccessful, the operation can always be fallen back upon if necessary.

Case I.

R. N., a market gardener's wife, aged 46, consulted me, having a chronic discharge from the left nostril. On examination the left nostril was almost obstructed by a polypus, the right side being also inflamed. Her general health was good, and it interfered little with her comfort, only in so far as it prevented her speaking through the nose. I need not waste your time by a detailed report of this case. She visited me weekly for six weeks. I gave from the beginning *merc. iod.* 3x, three or four times daily. On the last visit her report was, in her own language, "I am all right now, it came away like a spring snail." In a few days she was quite well, and I have not seen her since.

Case II.

The Rev. R. J. M. consulted me, suffering from polypus of the nose. He was staying in Clifton. I had often been consulted by him in previous years.

The last occasion was the previous July. His inconvenience was great from his inability to breathe through the nose. The polypus was in the right nostril, and projected to near the nasal aperture. As in the former case I prescribed *merc. iod.* 3x gr. ij. three times daily. He returned to his home, and continued this for many weeks. He returned to Clifton for two days, the polypus having increased in size and completely obstructing one nostril, pressing on the septum. His wife feared he would be suffocated. I tried to persuade him to have it removed at once. To this he would not listen, but preferred to risk the continuance of the medicine. On examining the throat the base of the polypus was visible behind the soft palate. He would not hear of the prompt removal of the polypus, though I enlarged on the ease of the operation and the comfort of its removal to the patient. He returned to his home, and a month later wrote that he had for some days effusive discharge from his nose, followed by the sudden disappearance of the obstruction. On seeing him recently, when attending his wife, his report was that the nose was all right, and on examination I found the general mucous membrane inflamed, and a greatly increased secretion, as of ordinary catarrh. He took *arsenicum* 3x two or three times daily. The condition did not prevent his following his ordinary occupation, and he completely recovered in a few weeks.

I could quote many other cases, the results of which have been sufficiently encouraging to myself. Some have wearied in the course of three or four weeks, and have ceased to report themselves. Charity might dictate that those who did not report themselves had recovered, but of those that did some were quite restored, and the remainder improved more or less. After the removal of the polypus I usually give for some weeks the *iodide of arsenicum* 3x night and morning, for such time as the nose seems tender or irritable. There are in most cases minor symptoms that occur, that promptly yield to the remedies indicated in our general therapeutics.

Discussion on Dr. Eubulus Williams' Paper.

Dr. Hardy asked if a pedicle to the polypus had been felt by probing in Dr. Williams' case. He had never seen a

polypus showing behind the soft palate. His experience with drugs had perhaps been unfortunate. In older days he avoided operation, but now operation was so easy that he preferred it for his cases. He used to employ *kali bichrom.* and *thuja* internally, and locally either of these or *hydrastis*, often with benefit, but he could not recall a case of actual cure by these drugs. He now advocated operation. One case he recalled suffered from intense occipital headache, unrelieved by any medicine until a polypus was removed by operation. With aural polypi he had found *thuja*, *hydrastis* and *pulsatilla* locally successful.

Dr. Bodmin said he had cured a case of aural polypi by *thuja* internally and locally applied. He thought that after drug treatment there was less likelihood of recurrence. He asked if Dr. Williams had used any other drug besides *merc. iodatus* in his cases?

Dr. Wills said that Carroll Dunham gave dropping of mucous behind the nares as an indication for *merc. iod.* as well as for *hydrastis* and others. He had a case simulating polypus which he probed and it bled freely. Another doctor removed it by the snare and the patient died from meningitis. He thought that fibroids bled when removed, but otherwise spontaneous hæmorrhage pointed to malignancy.

Mr. Dudley Wright said that after removal of polypi by snare they often recurred. Spontaneous extrusion of these growths sometimes was met with without treatment. In damp weather polypi will swell and block up the nose, then with change of weather they dry and the nares get clearer; this should be remembered in medicinal treatment. He remembered a case of spontaneous extrusion of a polypus in which a patient brought him a snail-like mass which had been discharged without treatment. These facts complicated the results of medicinal treatment. The use of local applications he knew had many advocates. Unfortunately in our literature insufficient details were given as to cases treated, symptoms were often reported without even an examination of the nares. Often unpleasant symptoms could be relieved and sometimes got rid of by drugs. He found it difficult to do much if disorders of the antrum and other parts were unrelieved; for example, pus from the antrum will keep up the growth of polypi. Growths, too, projecting back through the posterior nares were difficult to deal with, they ought certainly to be snared off rather than treated by drugs. One patient of his—a clergyman—who spoke a good deal, had a large mucous polypus projecting backwards into his throat. There was constant flow of mucus, his general health was seriously affected, he became very melancholic and at last

could hardly speak. The growth was easily removed with the snare, with immediate relief. Such a case impressed one with the importance of removal at once, without waiting for drug treatment, though this should afterwards be tried to prevent recurrence. He handed round a specimen which he had recently removed. The patient complained of obstruction; examination revealed a mass that resembled a fibroid polypus, but on probing it felt like bone. After removal, as could now be seen, it proved to be the middle turbinated bone expanded over a number of small polypi. Such a mass could not be extruded by drugs, it must be snared or cut. He had used *merc. iod.* for laryngitis with benefit, also *calc. iod.* and *kali iod.*

Dr. NANKIVELL said he had seen a polypus showing behind the soft palate. He asked Dr. Williams how many cases he had cured by *merc. protiod.* With one of the cases in the paper just read he was personally acquainted, and he knew there had been no recurrence of the polypus since Dr. Williams' treatment. He considered that such cases as Mr. Dudley Wright had described must be treated by removal, milder cases might be treated by drugs. He had received a letter from Dr. A. SPIERS ALEXANDER, who, after expressing regret at being prevented attending the meeting, said, "I have tried Dr. Williams' treatment, and also the *lemna minor* so strongly advocated by Dr. Cooper in severe cases of nasal polypi, but hitherto without success. Medicinal treatment may no doubt be occasionally efficacious, but in the majority of cases one must fall back on surgery, and in this department over ten years' experience with the galvano-cautery-snare convinces me that it is the best form of treatment that has hitherto been devised."

Dr. ORD referred to a case he had recorded in the *Monthly Homœopathic Review* for February, 1895, in which bronchial asthma, caused by the presence of a mucous polypus in the right nostril, had been cured, and the polypus disappeared by local and internal treatment with *thuja.*

Dr. PULLAR asked for indications for the use of *merc. protiod.* amongst minor symptoms. He thought the aim of homœopathy should be to avoid operation. *Calc. carb.* in strumous people would often cure. So would other drugs when indicated by the constitutional symptoms. He had had success with drugs in many cases.

Dr. WILLIAMS, in conclusion, replied to the questions of the various speakers. He had first heard of *merc. iod.* as a remedy from the late Dr. Black, when he (Dr. Williams) was an old-school practitioner thirty years ago. It cured him of chronic laryngitis and converted him to homœopathy. He therefore

had good reason to recommend it for this affection as well as for polypi. The salt used was the green iodide, sometimes called *protiodide*. He had been so satisfied with its action as to use no other drug except *kal. bichrom.* in some cases where there was a tuberculous origin. One patient previously treated by scraping the mucous membrane, was afterwards equally relieved by *kali bichrom.* He had used the remedy for twenty-one years, and had cured at least two dozen cases. In the case described by him a pedicle could be felt with the probe.

A CASE OF ABDOMINAL PAPILLOMATA.*

By W. Theophilus Ord, M.R.C.S. Eng., L.R.C.P. Lond.

Visiting Surgeon to the Bournemouth Homœopathic Dispensaries.

Mrs. X., aged 63. Her family history is unimportant, except that a brother died of cancer aged about 50. She has three children living. Patient enjoyed good health till recently. She was in Italy during winter of 1892-93, and for the first time in her life suffered from indigestion after simple food. There followed what she called "a severe febrile chill," after which the bowels were noticed to be swelling.

In June, 1893, she came to Bournemouth. I found her complaining of nausea and fulness after meals, with a sensation "as if her bowels did not belong to her."

On Examination.—Abdomen obviously distended. Tympanitic in places, but dulness over umbilical and left hypochondriac regions. Liver dulness normal. A hard nodular substance can be felt in right iliac fossa, it is painless, dull on percussion, and fixed. Probably there is slight ascites. Heart and lungs normal. Urine diminished and loaded with urates, no albumen or sugar.

The condition being evidently grave, Dr. Nankivell and Dr. Hardy kindly saw the patient with me. Both agreed as to the presence of tumours, Dr. Nankivell feared malignancy. An exploratory incision was suggested. At this time Dr. Carter, of the Soho Hospital for women, was in Bournemouth, and being a friend of the patient his opinion was solicited. He considered

* A paper read before the Western Counties Therapeutic Society at the Bournemouth meeting, May, 1895.

the tumours were ovarian, that there were probably two cysts, and he advised operation.

This being agreed to the abdomen was opened by Dr. Carter in July, 1894, Drs. Nankivell, Hardy, and myself being present. It was found that two large ovarian cysts had ruptured, filling the abdominal cavity with a mass of glutinous material, sticky and gelatinous, which matted all the viscera together. Upwards of two quarts were taken, the pedicles ligatured and cysts removed in the usual way. It was now seen that the hard substance previously felt in the right iliac fossa was an independent growth from omentum. It was dense, hard and lobular, about the size of a small orange. A second similar growth of the same size was found attached to mesentery behind the umbilicus. Neither could be safely removed, and being evidently papillomatous growths from serous membrane, it was hoped that their nutrition would be perhaps so far impaired by removal of the ovarian cysts as to minimise the chance of their further growth.

Patient recovered well from the operation. The hard papilloma could be easily felt, and even seen protruding through the now relaxed abdominal walls. All went well until in February, 1894, Mrs. X had a slight attack of influenza. After this she complained of indigestion and heartburn at night, and at the end of March Dr. Nankivell and myself were convinced that growth had commenced in the otherwise innocent tumours. Change of air was tried, but indigestion increased, and suddenly, in May, nocturnal vomiting commenced, occuring every two or three nights. I found that the growths had at least doubled in size during the patient's absence from Bournemouth; they were now evidently causing obstruction to passage of food by pressure on duodenum or pylorus. A grave prognosis was given. The vomiting was painless, and greatly relieved. It was preceded by hot risings in the throat. There was constant nausea, but also craving for food, which when taken caused distressing fulness. The vomit was a brown fluid, about a quart at a time; it was neither frothy nor acid, and separated into two layers on standing.

Arsenicum was now given continuously, and other remedies in alternation. Of these *pulsatilla* helped, *ipec.*, *ant. tart.*, *bryonia* and *hydrastis* failed. Vomiting con-

tinued every two or three nights, and emaciation commenced. I now tried *acetic acid* 1x, gtt. 1 every two hours, being guided to the remedy by resemblance of the symptoms to those of cases simulating cancer of stomach, which *acetic acid* is said to have greatly relieved in several instances.* Its effect was marked, there was no vomiting for eight nights, then for five nights, next for three, after which the *acetic acid* ceased to benefit.

On her return to Bournemouth Dr. Nankivell kindly saw the patient again. He considered her "much weaker, the face had a drawn expression, she had lost flesh, tumours had decidedly increased in extent, occupying more of the abdominal cavity, and were more palpable." Dr. Hardy also was of the same opinion, and it was supposed that nothing could be done to prevent their further growth.

Until June 3rd, 1894, patient became rapidly worse. An increased conglomeration of solid papillomatous masses now almost filled the abdomen, so tightly wedged together that the fingers could not be passed between them and ribs. Several small nodules appeared in abdominal walls, chiefly in cicatrix of the wound. Patient was apathetic and drowsy, vomited nearly every night, taking no nourishment. Two nutrient enemas a day were given. She was rapidly emaciating.

It now occurred to me that these papillomata, which by mechanical pressure were rapidly killing the patient, might possibly be modified by remedies known to act specifically on similar papillomatous growths when occurring elsewhere. According to Green's *Pathology*, such growths occur on the skin as warts, in the bladder as villous tumours, also as condylomata and intestinal tumours. The structure of all is similar. On these smaller growths *thuja* and *kali bichromicum* internally are believed to have some specific effect, and as a forlorn hope I decided to administer them in this case. *Thuja* 1x gtt. v. in alternation with *kal. bich.* 3x gtt. v. every two hours were ordered. Their action was marked and almost immediate. By these drugs the vomiting and nausea were certainly checked, and in two weeks time it became evident that the tumours were no longer increasing in size. *Thuja* was persisted in, but as

* *Hale's Practice of Medicine*, 1st Ed., p 395.

vomiting returned other remedies were tried in place of the *kal. bich.* Of these *cuprum aceticum* greatly helped, also *acetic acid.* Again *argent. nit.* and *arsenicum* failed. Vomiting now occurred every third night, but patient was evidently improving in many ways. *Ac. carbol.* 2x was given, with great relief to nausea. A month later, vomiting occurred only every fourth or fifth night. *Kal. bich.* was resorted to again, and *thuja* still persisted in. Tumours were now less compacted together, and fingers could be passed under ribs of left hypochondrium.

On August 1st Dr. Nankivell again saw patient, and was astonished at the change. He considered "the abdomen smaller and softer, tumours more moveable, less in superficial extent and apparently less in thickness." Two weeks later Dr. Hardy kindly came. He considered Mrs. X. less emaciated and a better colour. The smaller tumours were evidently decidedly less. The tumour under left ribs he considered "was much less prominent, the hand could now be freely passed all round tumours and under the ribs. Bowels were far more flaccid." Most of the small superficial growths under the skin, which had varied in size from a split walnut downwards, had now disappeared.

An immense improvement in general health was now manifest. Patient said she felt her food went downwards, and did her good, she enjoyed it. Life was now a pleasure. She slept well, went out daily for several hours in a chair, called on friends and seemed herself again. Sickness ceased for nine nights, but returned once from injudicious feeding. There was then less improvement for a week or two, when *thuja* was stopped and *kal. bich.* substituted with advantage. From September 5th to October 2nd there was no vomiting, and patient gained 5 lbs. in weight. Tumour in right flank had now decreased; it had sunk lower into pelvis, fingers could now be passed between it and the liver. It measured 6½ in. vertical and 11 in. in a transverse direction. Dr. Nankivell considered at this time that it had undoubtedly greatly decreased in vertical measurement.

After October 2nd there was a relapse. Family worry, injudicious feeding, and over exertion brought back the sickness. All remedies lost their effect. Tumours again increased in size, but not markedly, though as they became more prominent it seemed that fresh ones were

growing behind them. Nutrient enemas and washing out the stomach were resorted to, and by these means patient's life was prolonged till January 3rd of this year, when she died from inanition. Emaciation was then extreme, and for the last six weeks no food was taken per orem.

Remarks.—The most interesting features of this case, to which I draw special attention, are:—

(1). Difficulty of a correct diagnosis as to the condition of affairs before the exploratory incision, owing to the gelatinous matter escaped from the ruptured cysts masking and modifying all the physical signs in the abdomen.

(2). The marked action of certain drugs, notably *acetic acid*, *cuprum aceticum*, *carbolic acid*, and *kali bichrom.* in relieving the vomiting—although this was due presumably to mechanical obstruction—suggests their probable usefulness in dilatation of the stomach.

(3). The specific action of *thuja* and also *kali bichrom.* on the growth of the papillomata (by which patient's life was prolonged certainly five months) is a fact that some of us may test in the future, and from which we may be encouraged never to despair of obtaining reaction to specific medication even in apparently the least favourable cases.

Discussion on Dr. Ord's Paper.

Dr. Hardy corroborated the details of Dr. Ord's case, and had no criticisms to make on the very careful and accurate way in which it had been recorded. But he doubted if the alteration in the size of the tumours could be due only to the action of the remedies used. Very little was known of such growths, but they have been observed to undergo periods of growth and of cessation of growth. He lately had a case of ovarian cyst, removed five years ago, in which a papillomatous growth occurred at the base of the cyst in the broad ligament. After a time it increased in size, and by pressure caused terrible sciatica and swelling of the leg. After prolonged treatment this got well. Patient now has severe gastric crises of dangerous vomiting and pain. These are relieved by symptomatic treatment. Otherwise the patient keeps well, though the mass can still be felt. He therefore had difficulty in deciding as to the action of drugs on the growth of such tumours, though he acknowledged the marked changes in the condition of the tumours and in the general state of Dr. Ord's patient effected by the drugs used.

Dr. NANKIVELL said that he had seen the papillomatous mass at the time of operation, and he observed that the under surface of the liver was studded with similar nodules. Their removal was impossible. There was no question in his mind that, after *thuja* was given, there was a steady and considerable change in the tumours. Previous to this the feeling to the hand was that of dense hard masses in the abdomen, one near the stomach and another near the iliac spine showed, by palpation, that they were very thick. Undoubtedly after *thuja* had been given for some weeks this feeling changed; it seemed as if the masses were much thinner, they moved more freely, there was much less resistance, and they were less in superficial extent. Coincident with this was immense improvement in the patient's general condition, and he agreed with Dr. Ord's opinion as to the undoubted action of the remedies used. He was sure that Dr. Hardy in a similar case would now try similar treatment, as he personally should most decidedly do so if an opportunity occurred. He had carefully watched the growth of the tumours throughout the case; first, their rapid increase, then the cessation of growth and shrinking after *thuja* was given, and then their slight increase again towards the end.

Dr. PULLAR asked if anything was known as to the method of growth of these papillomatous tumours.

Mr. DUDLEY WRIGHT said they often occurred inside ovarian cysts, and the increased growth inside the cysts will sometimes rupture them. This might have been the case with Dr. Ord's patient. Primary papillomata could hardly occur on omentum, as there were no papillæ in that situation, if they were met with there it must be secondary. We must remember that *thuja* can cure warts and also villous growths in the bladder. A case commencing as papilloma in the larynx, but which ultimately became malignant, was said in old-school practice to have recently improved under ten drop doses of *thuja* ϕ.

ANATOMICO-THERAPEUTIC NOTES.

By JOHN MCLACHLAN, M.D., B.Sc., F.R.C.S.

1. *The Cornea.*—This structure consists of compact fibrous tissue, but nevertheless has some points of special interest. The fibres differ in chemical composition from ordinary white fibrous tissue, for on boiling they yield chondrin instead of gelatin—in that respect being similar to *cartilage*. The fibres are mostly arranged in layers with branching cell-spaces and cells between

them; seen in vertical section, after staining with chloride of gold, the cornea has a wonderful resemblance to a vertical section of compact bone, with its lacunæ, canaliculi and bone corpuscles. In *ulcers* of the cornea *silica* occupies a very high place as a curative agent, as it also does in ulceration of bone (*caries*). For the bad effects of *mechanical injuries*, such as blows, bruises, thrusts on the eye, *symphytum* is regarded as being more appropriate than *arnica*, and of course all the more so should the orbital plate of the frontal be broken. The same medicine occupies a high place in the treatment of injured bone, as it facilitates the union of fractures, by favouring the production of "callus," as well as lessening the pain of the injury.

2. *Chronic Non-Suppurative Inflammation of the Middle Ear.*—This process is apt to lead to the production of fibrous tissue, resulting in thickening and adhesions of the walls and contents of the tympanic cavity. The membrana tympani is more or less rigid, thickened, and on examination is seen to be whitish, opaque, dry and scar-like. In all probability also the joints between the malleus and incus, and the articulation between the stapes and fenestra ovalis become anchylosed or stiff. A curious phenomenon often accompanying this variety of ear disease, is ability to *hear better when surrounded by noise.* This is probably always associated with stiffening of the ossicular joints, more especially fixation of the stapes. In such cases *graphites* is one of the first medicines to think about. When this remedy is indicated the ears are usually dry, the tympanic membranes opaque, thickened and white, but not perforated; and, further, the hardness of hearing is better from riding in a carriage. It is not the *motion* that improves the hearing, but the *noise* made by the carriage. In this connection remember the power *graphites* has to cause the absorption of cicatricial tissue. It was long ago noticed in workers in graphite that wounds on the hands healed and the cicatrices disappeared very rapidly. Dr. H. N. Guernsey made use of this property of the drug for the removal of cicatrices left after mammary abscess. Korndœrfer, also, greatly relieved a child's eye by the same remedy; the child had been operated upon, and the cicatrices had contracted more than the surgeon expected they would. *Graphites*

greatly relieved this, so that the parts assumed their normal position. For the same reason it is useful in *ectropion* depending on cicatricial contraction. This action of *graphites* in the removal of cicatrices should be of considerable interest to the medical jurist.

8. *The Arachnoid.*—At one time this structure was looked upon as a serous membrane, enclosing a serous cavity, and the endothelial lining of the dura mater was regarded as one of its layers. How it is exactly arranged no one seems to be quite sure, but one thing is certain, it has but very little, if any, resemblance to the serous membranes proper, as the pleura, pericardium, etc. Some writers have even gone so far as to doubt its existence as a *separate* membrane. It is believed to be formed of a single layer, which envelopes the brain but does not pass into its fissures; it is non-vascular. It seems to divide, like a curtain, the space between the dura mater and the pia mater into the sub-dural space (the so-called "cavity of the arachnoid") and the sub-arachnoid space. The former is very narrow and ill defined, the latter is much larger and is full of trabeculæ, and contains most of the cerebro-spinal fluid. The sub-arachnoid trabeculæ consist simply of loose areolar tissue, closely resembling that found in the deep layer of the skin, and in many other parts. The fibres are arranged in an irregular open network, and the irregular spaces between the fibres are filled with the cerebro-spinal fluid, which can thus freely percolate from one part to another; it is thus in every respect similar to the areolar tissue of the skin with its lymph spaces and lymph. The trabeculæ are covered by endothelial plates, and in this way each little space—just like the lymph spaces in ordinary areolar tissue—is a serous cavity in miniature.

Keeping these points in mind, one would not expect that medicines, such as *bryonia*, that seem to have a direct action on ordinary serous and synovial membranes, would be at all likely to have such a marked effect in inflammations of the membranes of the brain. Theoretically, one would expect rather that medicines having a special affinity for the skin and its underlying cellular tissue would be more likely to be indicated; in other words, those medicines that are useful in cases of erysipelatous inflammations and cellulitis, *e.g.*, *bell.*, *apis*.

As lending possible support to this view, it is interesting to remember that the cerebro-spinal nervous axis, and the epidermis with its appendages, are both derived directly from the *epiblast* layer of the blastodermic membrane of the embryo, whereas the pleural and peritoneal cavities—with their offshoots, the pericardium and tunica vaginalis—have quite a different origin, being *mesoblastic*.

4. *Varicose Veins and Flat Foot.*—At a recent meeting of the British Homœopathic Society there was a discussion on varicose veins, and it was mentioned that flat-foot was frequently found associated with this disease. On the grounds of therapeutical experiences, Schüssler assumed that *fluoride of calcium* is a constituent of *elastic fibres*, and that the proper function of these is adjusted by this salt; and that when the elastic fibres of blood vessels suffer a disturbance of the molecules of *calc. fluor.*, varicose and enlarged veins make their appearance.

Various reasons might be given to account for the association of flat-foot with varicose veins, but there is one possible reason, rather interesting from Schüssler's point of view, viz.:—That one of the ligaments specially concerned in supporting the arch of the foot (the *inferior calcaneo-scaphoid*, on which the head of the astragalus rests) is formed of *yellow elastic tissue*, while all the other ligaments of the foot are of the ordinary white fibrous variety. For the same reasons *fluoride of calcium* ought to be very useful in aneurism, a disease specially found in the *large* arteries. Now the structure of an artery varies with the size of the artery, and the larger the artery the greater is the amount of yellow elastic tissue in its coats, the muscular tissue undergoing a corresponding decrease. In the aorta, for example, there are very few muscular fibres, but a very large amount of yellow elastic tissue.

5. *The so-called "Third Part of the Rectum," and Anus.*—Once upon a time I believed that blood could not pass from "internal" piles, in any quantity, without the patient voluntarily opening the sphincter, as in ordinary defæcation, or at least being conscious of its passing through the sphincter by a semi-voluntary effort. Within the last year I have seen two cases that prove how erroneous my ideas were on this subject.

The first case was a lady who, according to her own account, passed very large quantities of blood from the *bowel*, usually a few days after the "monthly period." The blood simply ran from her, she said, and there was no conscious opening of the sphincter as in defæcation. I was inclined to doubt this description, and suggested that it possibly came from the front passage, and that her description was the result of imperfect observation. This mortally offended the lady, and she has not forgiven me to this day—perhaps I do not deserve forgiveness. In regard to the case, I reasoned thus with myself: Internal piles are *within* the sphincter, and it is not likely that such a quantity of blood could pass away without one being conscious of the opening of the sphincter, either voluntarily or, at least, semi-involuntarily.

That the lady was right and that I was wrong there can be no question, as another case proved, this time a gentleman, so that there could be no doubt that the blood came from the bowel. Without the least warning or sensation of any kind, he would be literally deluged with blood, so that he must always wear a pad.

It is possible that this error in judgment may have been due to my own stupidity; at the same time, there can be no doubt at all that the usual description of the rectum in anatomical text books is very erroneous. This is the usual description:—The rectum is divided into three parts, the *first part* extends from the left sacro-iliac synchondrosis, obliquely downwards and to the right, to the second or third sacral vertebra; the *second part* from the second or third sacral vertebra to the tip of the coccyx; the *third part*, from the tip of the coccyx, passes downwards and backwards to the anal orifice—this part being about an inch and a half in length. Now as the anus is about an inch and a half *in front* of the tip of the coccyx, it is difficult to see how it is done. As a matter of fact, from the tip of the coccyx the rectum continues its course downwards and forwards for about an inch and a half to the apex of the prostate in the male, and at this point it begins to bend downwards and backwards so as to become continuous with what is generally called the "third part" of the *rectum*. The rectum, remember, is merely a *receptable* for fæces or air, and these may be retained

in it for a longer or shorter time, till a convenient opportunity occurs for emptying it. Were there no rectum, then every time any portion of the contents of the large bowel reached the end of the sigmoid flexure it would have to be expelled without regard to time or place, but with the rectum the refuse material lies quietly there until a sufficient number of nervous stimuli accumulate in the centre for defæcation to set the machinery for that function in motion, assisted, of course, by voluntary efforts. As in all periodic discharges, this principle of the "*summation of nervous stimuli*" plays a very important part. Now from a *functional* point of view, the rectum ends at the apex of the prostate, so that, properly speaking, there is no "third part" at all. Below the apex of the prostate the rectum (or "anal canal") is merely a *slit* (not a *receptacle*), its walls being always in close contact except during defæcation. In fact, this part of the rectum (anal canal) has the same relation to the rectum proper that the urethra has to the bladder, and no one thinks of calling the urethra *a part* of the bladder—the urethra is a passage between the bladder and the exterior; in like manner the so-called "third part" of the rectum is a passage or canal between the rectum and the exterior. I will now quote, in support of this contention, part of a paper by Dr. (now Professor) Symington (see vol. xxiii., *Journal of Anatomy and Physiology*.) In speaking of the third part of the rectum and anus, he says: "The former is generally described as passing downwards and backwards for about an inch and a half, and then to end in the latter. In entering upon an examination of this statement, it will be necessary to consider what constitutes the anus as distinguished from the rectum. Those who describe a third part of the rectum running downwards and backwards for an inch and a half, evidently mean by the anus the aperture situated opposite the junction of the skin and mucous membrane. In fact, a mere orifice or ring, and not a passage of any appreciable length. I believe this view to convey an erroneous conception of the normal condition of the parts." . . . "The anus is a passage between the rectum and the exterior, which is surrounded by certain sphincters, and has its walls in close contact except during defæcation. This passage, the anus, or

anal canal, is about one inch in length, and its long axis is directed downwards and backwards at about a right angle with that of the second part of the rectum. It includes what is frequently described as the third part of the rectum and anus."

It is the lining of this *canal* that is cut away in Whitehead's operation for piles. Hence, "*internal*" piles are not, strictly speaking, *within* the internal sphincter.

Oxford.

CLINICAL AND THERAPEUTIC NOTES OF RECENT CASES.*

Reported by Dr. Thomas Simpson, Liverpool.

Locomotor Ataxia—Aluminum and Phosphorus.

John E., aged 60, complained of gradual loss of co-ordination in movements of lower extremities, great muscular weakness, superficial formication, when standing with closed eyes the whole body tottered; pain in the sole of the foot on stepping, and a cushiony feeling; the back pains on rising from a seat, and on walking; girdle sensation in abdomen, profound mental gloom.

Knee jerk and ankle clonus absent, cremaster muscle insensible to needle prick.

Pharynx sodden and covered with a slimy mucus. There was no evidence of specific taint, and the habits were exemplary.

Aluminum 6 relieved the muscular weakness, the formication, numbness of feet, and the tottering gait; but a reconsideration of the *status quo* suggested *phosphorus* 6, which was given every evening for a week, omitted for a week, and renewed, with the result that within eighteen weeks of the commencement of treatment, the patient expressed himself free from pain and discomfort, and strong to labour and endure.

[*Aluminum, argentum, nitricum* and *phosphorus* seem more often useful than other drugs in this disease.—T.S.]

Eczema—Graphites.

R. B., æt. 35, light complexion, strictly temperate, with a hereditary predisposition to cutaneous affections

* Reports of cases are invited for this department. They should be addressed to "Dr. Ord, Bournemouth."

since infancy, circumscribed patches of moist eczema on scalp behind ears, in bends of extremities, disturbing his sleep by reason of intense irritation. All the most likely medicines had been prescribed for him during many years (with varying results, mostly transient); among them we may name *arsenic, sulph., petroleum, psorinum* and *clematis*.

In February, 1894, he complained of a deeply fissured itching eruption on each wrist, which had resisted all attempts of eradication. We advised an unstimulating diet, avoidance of washing in water the parts affected, the parts to be cleaned with dry oatmeal.

Graphites 6th decimal, trit. gr. i., every night for a week, to be renewed, if needed, in a month. So great an improvement soon occurred that now, June, 1895, no trace is observed of what gradually disappeared six weeks after taking the first dose of *graphites*.

Nasal Polypi—Calc. Carb. 12.

Again, we found recently a long standing case of polypi narium (in a lady resident in Manchester) quite cured after she had taken six doses of *calcarea carb.* 12 every fourth morning during a month. This immunity has now continued for six months. The drug was prescribed for the group of symptoms as follows:—Menses premature, profuse and protracted, renewed after least excitement; inward coldness (aggravated at night); palpitation on slight emotional influences; digestion feeble; feet damp and cold. The rule that Hahnemann propounded of selecting a remedy to correspond to the whole group of morbid symptoms present in the patient will generally reward us with results which are most encouraging.

SURGERY IN THE NEW HOSPITAL.

Of the many improvements and novelties to be found in our new hospital, perhaps none are so striking and interesting as those in the surgical wards and operating rooms. For long, Homœopathy has been said by its enemies, and not unfrequently by its friends, to have neglected surgery as an adjunct to its science of therapeutics. Such an accusation no longer holds good in the face of the admirable arrangements which have

been made for carrying out surgical work under the best possible conditions.

The general surgical wards, like all the others in the hospital, have been constructed with the utmost regard to ventilation, heating, sanitation and convenience of working. But in addition to these there are two special wards for abdominal operations, and the general operating room.

The general operating room is on the second floor, on the same level as the surgical wards. It is situated at the back of the central or administrative block, and has therefore, a northern exposure. It is oblong in shape, 22 by 14 feet. The entrance at one corner is by a wide door, sliding noiselessly into the wall. The walls are composed of Keen's cement, hard and impermeable, painted almost white and varnished. The floor is of terazzo mosaic which takes on a smooth polish. The corners of the room, and also the angles between walls and floor, are rounded off so that no dust or dirt lodges there, and all can be easily and thoroughly cleaned. The surfaces being all impermeable and smooth, the room may be hosed or scrubbed down after or before an operation, a grating and pipe being fitted in the floor to carry off the waste water. Light is provided by a large window, which takes up almost the whole of the north wall. Iron frames divide it into three. The centre is the largest, and is fitted with a single large pane of plate-glass. At either side are two smaller divisions, consisting above of a ventilator, opening upwards, and below of a hinged window, opening outwards. The large area of windows and the light-coloured tint of walls and ceiling combine in producing a perfectly-lighted room. In addition to the ventilators in the window there is provided a large exhaust ventilator in the wall over the water taps and sink, which will remove at once all steam and other vapours ere they become dispersed into the room.

Heating is provided by two coils of hot water pipes of burnished copper and gun metal, placed under the window. Each coil, about 9 feet long, is so hinged at one end to the supply-pipe, and supported at the other by a small rubber-tyred wheel, that it can be swung out into the room like

a gate. By this means the heat can be directly distributed to the centre of the room.

There is also at one end of the room an open grate. Above the grate is a steel-lined hot chamber for warming clothes, dressings, &c. Above is an adjustable ventilator in the wall for the admission from the outside of air, warmed by the fire in winter and cool in summer. At the opposite end of the room are the washing and waste arrangements. These are first a sink in the corner near the outer wall; secondly, a trough over which is fixed the filtering apparatus; and, lastly, three wash-hand basins. Each arrangement merits a minute description. The sink is a porcelain trough on the level of the floor, fitted into the angle of the room. Being low down, all lifting of heavy pails and basins is avoided, and the contents are easily flushed away by a copious supply of both hot and cold water through a capacious waste pipe, which will not easily be stuffed up by clots, pieces of dressing, and the like.

The three hand-basins of porcelain are fixed to and project from the wall A single curved brass pipe discharges over each. Arranged close to the floor below each basin are three pedals. By depressing one with the foot, cold water flows into the basin. On releasing the pedal the flow stops. Another pedal similarly supplies and controls the hot water, while a third opens and shuts the waste pipe. In this way the hands, after being washed clean, need touch nothing but the aseptic towel, on which they may be dried. The whole arrangement conduces to the utmost cleanliness and saving of labour.

The sterilizing apparatus, which occupies the central position in the end wall, is, however, the most interesting contrivance in the room. It has until recently been almost impossible to obtain a sufficient supply of water sterilized, and at a suitable temperature, for the washing of wounds and surgical cavities. This difficulty has been surmounted by the "White Berkefeld Aseptic Irrigator, an apparatus for supplying sterilized water of regulated temperature for use in surgical operations."

The apparatus consists of two parts, viz., a copper cylinder and a Berkefeld filter.

The former is nickel-plated, 9 inches long by 8 inches in diameter, and contains a copper coil thickly tinned

inside. Through this coil hot water passes from the hot water supply, and as this is generally too hot for use in surgical operations, it can be tempered by filling the space around the coil with cold water. By passing more or less cold water through the cylinder, and with the aid of a fitted thermometer, the temperature of the water in the coil can be regulated to any required degree of heat.

The water pressure forces the adjusted water through the filter which is connected with the coil by means of rubber tubing sufficiently long to allow the filter to be moved easily, if necessary, to any part of the operating room. In this instance, the filter is fixed beside the coil, over a wide and substantial porcelain trough—fitted with a waste pipe and special copper plug, which, being hollow, and rising to the high water level in the trough, acts also as an overflow.

The Berkefeld filter, which is 12 inches long by about 8 inches diameter, outside measurement, consists of a hollow cylinder of compressed kieselguhr or diatomaceous earth, enclosed in a cast iron casing, enamelled inside. The water entering from the copper coil fills the space between the casing and the porous filtering cylinder through which it passes, and escapes sterilized by a tube.

The filter is usually mounted on an iron stand fitted with rubber tyred wheels to enable it to be noiselessly and easily moved about the operating table.

The filter being, in this instance, fixed to the wall, the sterilized water is led from it round the wall by means of a metal pipe to a convenient spot near the foot of the operating table, from whence a rubber tubing leads to any required distance. Should the hot water supply fail at any time, a spirit or gas lamp may be applied to the coil to heat the cold water.

There has recently been carried out by Messrs. Woodhead and Wood, at the research laboratories of the Conjoint Board, an exhaustive enquiry into the relative efficiency of water filters in the prevention of infective disease. Their results have been embodied in a special report to the *British Medical Journal*. Of the 21 different filters examined, most of which are in common use by the public, only three were found to be efficient in preventing germs from passing through them. Of these three, the Berkefeld filter is one. It possesses many

admirable qualities. It is easily cleaned by washing and brushing, easily made aseptic by boiling, and capable of producing a large quantity of sterilized water in a short time.

The white Berkefeld irrigator is already in use in the London and St. Thomas's Hospitals, and is now being introduced into others throughout the country as the latest and best device in aseptics.

It may be mentioned in passing, that hot and cold water pipes when exposed in the room are painted in distinguishing colours, hot pipes red, and cold blue.

The operating table, a very important article of surgical furniture, is of a plain but solid pattern in light oak, with adjustable flaps at the foot and head, shoulder-rest at the top. Near it is an instrument table of iron frame, nickeled throughout, on rubber-tyred wheels, and fitted with three shelves of clear plate-glass. There is provided also an operator's seat of iron, enamelled in white, with height-adjusting screw. A handsome oak clock is fixed on the south wall. It is regulated by electricity, and, being electrically connected with all the clocks in the building, is the master timepiece.

A telephone in the corner of the room near the door connects with every floor and ward, with house-surgeon, matron, dispenser, front hall and special wards.

The electric light is installed here, as in all the rest of the building. Two fixed lamps, with suitable shades, are suspended from the roof, while at convenient places on the walls are fixed plugs for portable electric lamps and for the electric cautery and current. In addition to these a movable light travelling on a rail over the table distributes a brilliant illumination to the seat of operation.

Lastly, we have to notice the sterilizers, both after Schimmelbusch's patterns, and provided by Messrs. Down Bros.

One is for sterilizing surgical dressings, bandages, operation cloths, &c. It consists of a copper receiver, surrounded by a water chamber. The water is boiled by a gas flame. The steam gains access to the receiver, in which are placed the various articles. A steam-tight lid screws down over all, and from it projects the index of a thermometer. Articles are left subjected to the steam for 30 minutes after the thermometer reaches 100° C. The materials are found perfectly dry when removed.

The other apparatus is for the sterilization of surgical instruments by boiling in a 1 per cent. soda solution. It consists of a metal box and tight fitting lid. The instruments are arranged in network trays, placed in the box and immersed in a 1 per cent. soda solution. Heat from a gas jet is applied and the solution brought to the boil. Five minutes boiling, timed by a sand-glass provided, is allowed for blunt instruments. Knives and cutting instruments are allowed only one minute, as heat is detrimental to the cutting edges. The network trays are then removed and placed in cooling trays, with or without antiseptic solution, and are then ready for use.

Leaving the operating room we have yet to notice the special wards set apart for abdominal operations, which will be chiefly under the care of the gynæcologists. These two rooms are situated on the fourth floor, isolated from noise and infection. Both are about the same size, each well lighted with two large windows. The walls are of hard cement, painted. The floors of polished parquet in oak all corners and angles are rounded off, and every facility is afforded for cleanliness, ventilation, and heating. Hot and cold water is laid on, and there is provided a portable white Berkefeld irrigator on rubber tyres, which can be moved to and used in either room as required.

The special rooms are so arranged that the patient will be operated on, and remain subsequently in the same room. By this means the best possible conditions for a perfect convalescence are obtained.

We have to congratulate the hospital, and particularly the surgical staff in possessing such perfect rooms with such perfected fittings, and we doubt not that in due time the hospital reports will contain evidence of how amply and worthily such advantages have been made use of.

REVIEWS.

Die Pflanzen des Homöopathischen Arzneischatzes. Bearbeitet, medicinisch von Dr. A. von Villers, botanisch von F. von Thümen. Erster band, text. Dresden: Wilhelm Baensch. 1894.

To be appreciated this imposing quarto volume must be seen and perused. To describe it in brief does it small justice, and our space will not admit a lengthy dissertation on its merits.

It is designed and executed on much the same lines as the well known work of our own colleague, Dr. Hamilton, *The Flora Homœopathica*. The history and usages of the plants are given less fully in the German work than in the English one, which is quite in keeping with the character of the work. A fuller list of synonyms in the same and other languages appears in the English work. The first volume only lies before us. It contains one specimen only of the coloured illustrations with which the work is to be embellished—of a variety of Aconite. This certainly holds its own with any other similar work we have seen both in fulness of detail and in execution. The form and colour of leaves, corolla, roots, &c., are well shown. Unfortunately this part of the work was temporarily cut short by the death of Herr Von Thümen. We learn from the preface that it will be ably continued by his daughter, who has all through assisted her father in the work. Dr. Von Villers has done his part well, and we feel sure that German physicians all over the world will welcome this painstaking and scientific effort to place before them the sources of the vegetable homœopathic materia medica. The mere fact that some 300 to 400 drugs find a place here shows the amount of labour spent upon it. A good many of them, it is true, are little used, but they are inserted for completeness' sake.

NOTABILIA.

LONDON HOMŒOPATHIC HOSPITAL.

Opening of the New Building.

The new building of the London Homœopathic Hospital, Great Ormond Street, Bloomsbury, presented a most festive appearance on the 9th ult. The exterior was decorated with flags, Venetian masts gay with bunting being placed at intervals the whole length of the *façade*. These preparations were in honour of H.R.H. the Duchess of Teck, patron of the hospital, who was to perform the opening ceremony. The guard of honour stationed outside the building was, by permission of Colonel Coles, furnished by the City of London Artillery Volunteers, whose band played the National Anthem as Her Royal Highness alighted. At the entrance the Duchess, who was attended by the Hon. Mrs. Mitford and the Hon. A. Nelson Hood, was received by the Viscountess Emlyn, the Lady Ebury, the Lady Calthorpe, the Lady Newton, the Hon. Mrs. Algernon Grosvenor, the Hon. Mrs. William Rowley, the Hon. Sibyl Legh, and other lady visitors of the hospital, the Viscount Emlyn (treasurer),

the Earl of Dysart, Mr. Alan E. Chambré, Mr. W. H. Trapmann, Mr. A. R. Pite, Dr. Galley Blackley, Mr. C. Knox Shaw, and Mr. G. A. Cross, Secretary.

The Hon. Alice Grosvenor presented the Princess with a lovely shower-bouquet of orchids and yellow roses, arranged with sprays of asparagus fern.

Her Royal Highness was then conducted by the members of the Board of Management and Building Committee, the consulting physicians and surgeon, members of the medical staff, the Bishop of Stepney and the chaplain, the president, vice-presidents, and treasurer of the hospital, to the ward in which the opening ceremony was to take place. Here the Blue Hungarian Band was stationed, and on the arrival of the Duchess played the "National Anthem." The chairman of the Building Committee (Mr. Alan E. Chambré) read the following address to Her Royal Highness, which was artistically illuminated.

"May it please your Royal Highness,

"We, the President, the Treasurer, the Chairman and Board of Management, and Building Committee, the Officers, and the Members of the Medical Council and Medical Staff of The London Homœopathic Hospital, beg leave to tender to your Royal Highness our respectful thanks for your kindness in being present here to-day, and to offer you a most cordial welcome to the new hospital, so happily associated with your Royal Highness as patron.

"From its inauguration nearly fifty years ago, by the late distinguished physician, Dr. Frederick Foster Quin, under the auspices of Royal and personal friends, and by the wise guidance of the late president, the Lord Ebury, and the able administration of the late chairman, Major William Vaughan Morgan, this hospital has continually progressed until, at the present time, its supporters contemplate with a feeling of just pride a newly-built and greatly enlarged Hospital, calculated to effect an extended and widespread work amongst the suffering poor; worthy, it is felt, of illustrating, among the most useful and progressive hospitals of the metropolis, that true development in medical science can be best promoted by the recognition of new truths and tested principles.

"That the medical exponents and the lay adherents of those principles are animated by the greatest readiness to join in real scientific progress is, it is thought, demonstrated by the erection of the Building submitted this day to the inspection of your Royal Highness, for it embodies, as a consequence of the mature advice of the medical staff, every proved invention which modern ingenuity has devised for the sanitary, scientific and successful treatment and nursing of the sick poor.

"We earnestly trust that the new hospital, with the facilities it affords for widespread medical work, may greatly tend to enlarge the area of medical science, and have a material effect in promoting real and free union in the medical profession.

"When the present yearly average number of 700 in-patients shall have become more than a thousand, and the yearly average number of 10,000 out-patients shall have become more than 30,000—and the capacity of the hospital will easily admit of such increased results—we shall look back with increased pride on this day, when your Royal Highness will have declared open a building, the site, erection, and furnishing of which has cost some £45,000, a sum provided by the generosity of friends of a reformed practice in medicine, headed by the munificent gift of £10,000 from 'A Friend well known to the Hospital.'

"The presence of your Royal Highness on the occasion of laying the foundation stone of this building, when you were graciously pleased to perform that act, and of opening it for the reception of the needy sick, for whose benefit it has been provided, will always be remembered, not only as a distinguished honour, but also as crowning the enterprise which has throughout been a work of love, alike to the authorities of the London Homœopathic Hospital, the medical staff, and the numerous donors, who have all had in view the good of the poor and the progress of a great cause."

After this, a portion of Scripture was read by the chaplain of the hospital, the Rev. Dacre Craven, Rector of St. George the Martyr. The anthem, "Except the Lord build the House," was excellently rendered by Misses Louise Burns and Annie Stanyon, and Messrs. Hulbert Fulkerson and Baring Ranalow.

The Right Reverend the Bishop of Stepney offered prayers, which were followed by the singing of a hymn by the assembled company, and in which Her Royal Highness the Duchess heartily joined. The architect, Mr. William Alfred Pite, F.R.I.B.A., presented to the Duchess a key of the hospital, and Her Royal Highness then declared the building open in the following words:—"I have great pleasure in declaring this hospital open, especially as it is a memorial of two friends no longer with us—Dr. Quin, the founder of the hospital, who was a kind friend of mine, and Lord Ebury, who was present with us on the occasion of laying the foundation-stone of this building. I heartily join with you in the hope that the present number of 700 in-patients may become more than a thousand, and the 10,000 out-patients more than 30,000."

Purses of £5 5s. each were presented to the Princess by a large number of children, present and former patients of the hospital and children of visitors and subscribers to the institution. The Bishop of Stepney pronounced the Benediction, and then Her Royal Highness proceeded to make an inspection of the building, after which tea was served in the "Quin Ward," and Her Royal Highness received a hearty ovation on leaving the hospital.

There was a very large attendance of subscribers and friends at the opening ceremony. All the visitors were invited to go over the hospital, and a cheery scene the wards presented, decorated as they were with a wealth of summer bloom; the children's wards were especially attractive, and in one of them the little patients who had presented purses were having tea.

THE BANQUET.

On Wednesday evening a banquet was held, to celebrate the opening of the hospital, at the Whitehall Rooms. The Earl of DYSART was to have presided, but was prevented by indisposition, and his place was filled with much ability by the Viscount Emlyn. There was a large attendance of the friends of the hospital, including many ladies. Among those present were:—The Viscount Emlyn (chair), Rev. W. H. Addison, Dr. Timothy Allen (New York), Mr. A. E. Attwood, Mrs. Seymour Barrow, Mr. and Mrs. A. C. F. Boulton, Mr. and Mrs. Ridley Bax, General and Mrs. Birch, Dr. George Black. Dr. and Mrs. Burwood, Dr. Blackley, Dr. Dyce Brown, Dr. Burford, Dr. Bennett, Mr. and Mrs. Thomas Boyce, Mr. Frederick Charles, Dr. and Mrs. Carfrae, Dr. John H. Clarke, Dr. A. C. Clifton, Mr. and Mrs. Alan E. Chambré, Captain Cundy, Mr. and Mrs. W. M. Cross, Miss Couch, Dr. G. W. Chapman, Mr. and Mrs. G. A. Cross, Mr. Sydney Cross, Captain and Mrs. Davies, Dr. Duncan, Dr. and Mrs. Roberson Day, Captain Denshire, Dr. and Mrs. Dudgeon, Surgeon-Major Deane, Dr. Washington Epps, Mr. and Miss Offley-Forrester, Dr. Gilbert, Dr. Goldsbrough, Dr. Hinson, Señor Guetary, Mr. Harris, Miss E. L. Harris, Mr. and Mrs. E. T. Hall, Dr. Hall, Dr. and Mrs. Hawkes, Dr. and Miss Harper, Dr. and Mrs. Johnstone, Mr. and Mrs. C. A. Kelly, Miss Kennedy, Miss Florence Lewis, Mr. and Mrs. Lambert, Dr. McLachlan, Dr. Byres Moir, Dr. and Mrs. Molson, Dr. Mackechnie, Dr. Neatby, Dr. Pincott, Mr. and Mrs. Wm. Pite, Mrs. Rayner, Dr. Cash Reed, Mr. Frederick Ross, Mrs. Reid, Mr. and Mrs. R. P. Reneau, Mr. Raphael Roche, Señor Rubio, Mr. and Mrs. J. P. Stilwell, Dr. Sanders Stephens, Mr. C. Knox Shaw, Dr. Horace Sanders, Miss Nellie Simon, Miss

Grace Simon, Madame Sandon, Mr. W. H. and the Misses Trapmann, General Thomson, Mr. and Mrs. Conrad Thies, Miss and Mr. Arthur Williams, Miss Wintour, Dr. Wheeler, Mr. Dudley Wright, Mr. Henry Walgate, Mrs. C. W. Willis, Dr. and Mrs. E. Williams.

The CHAIRMAN, in proposing the toast of the QUEEN, said, that although her Majesty was not present, yet she would appreciate that which they were doing that night as a step in the direction of something that might lead to the benefit of the people and the comfort of the poorer classes. The toast having been duly honoured, the chairman went on to propose the health of the Prince and Princess of Wales and the rest of the Royal Family, and referred to the enormous amount of hard work which the Prince and Princess of Wales performed in attending various entertainments and ceremonies for the good of charity.

The health of the DUCHESS OF TECK was next proposed.

The CHAIRMAN said: The next toast that I have to propose is one for which I have to ask you really to fill your glasses. It is one, I know, that will appeal to your hearts. I have to give you the toast of the Patron of the London Homœopathic Hospital, the Duchess of Teck. Many of you know full well all that the London Homœopathic Hospital owes to the Duchess of Teck. You have all met with her kindness, and have seen the kindly interest she has taken in the hospital, and know the amount of trouble she is always ready to take on its behalf. I have not said too much about the amount of good the Royal Family are doing. We had an example of this yesterday from the Duchess of Teck. Anyone present yesterday at the opening of the Homœopathic Hospital will not easily forget what we then saw when the Duchess graced the function with her presence. It was not alone the kindly simple words she spoke, but over and above this there was the sense of sunshine she left behind, and I venture to say that no one there engaged in the great work of the hospital, whether as a member of the committee, or our overworked secretary—(cheers)—or our able architect, or the lady who presides over the training school or the patients themselves, but felt that the Duchess had left behind her many rays of sunshine borrowed from her own individuality. I beg to give you the health of the patron of the hospital, H.R.H. the Duchess of Teck. The toast was honoured enthusiastically.

The CHAIRMAN then said: Ladies and gentlemen,—I have now to begin what I have to say with an apology for my presence in the chair to-night, as I have to ask your indulgence while I explain why I am in the chair, and I am sorry to say the reason is that Lord Dysart, who was to have been here,

and who is such a good and firm friend of the hospital, has been obliged to write this afternoon and express his regret at his inability to be present with us. (The speaker then read a letter from the noble Earl, apologising for his absence and stating that "Homœopathy, if properly administered, is powerful for good, but absolutely powerless for evil," and promising 10 per cent. of the building deficit if the remaining 90 per cent, be raised within the next twelve months, and a further sum of £1,000 towards a future extension of the hospital.) I think you will authorise me to thank his lordship for these generous offers. I am sure that all he has said shows that he is a true friend of the hospital, and ready to stand by it on all occasions. If you will allow me, I will express our deep regret that he is not here to-night, and tender him our thanks for his generosity. Just before I rose I had another message from his lordship asking me to telegraph him after the dinner and tell him how things had gone off. I have yet another message to give you; it is from Dr Yeldham. He says "God bless all engaged in managing and working the new hospital." Now I must pass on to the toast which I am sorry to say has fallen to me, because I am new, so far as the Homœopathic Hospital is concerned, to the work, and I have had put on me that most unsentimental work — the financial work of the hospital; but when I took it up I was assured that my vice-treasurer would do all the work, and take all the responsibility. I am quite satisfied that he is ready to do all the work, and I shall take every opportunity of leaving him the responsibility—(laughter)—but I have to pass on to the serious part of my work. I have to give you the toast of "Prosperity to the London Homœopathic Hospital." I do not want to address at great length you who are better acquainted with what has has been done with regard to the hospital than I am. I will only trouble you with money matters, and as I look upon the dry figures of the last forty-five years they certainly tell me as far as statistical homœopathy is concerned, of steady progress. First of all let us go back to 1849, when you established your hospital in Golden Square, with accommodation for twenty-five in-patients. Well, between that date and 1859 the in- and out-patients numbered twenty-five thousand—twenty-five thousand in nine years. You then established yourselves in Great Ormond Street, where you had accommodation for something like seventy in-patients. During the thirty-six years there you have accommodated no less than 275,000 That is a steady and a regular growth. Let us see what it means during the whole of the forty-five years your hospital has been in existence. During the first nine years you had given assistance to twenty-thousand in- and out-patients.

In the fifth nine years you had relieved ninety-four thousand. Those figures to my mind speak for themselves. The work has indeed been growing under your hands, and you mean to deal with the work as it increases on sound financial principles. You wish to make homœopathy available for more people. The work has grown under your hands year by year, God grant it may grow still more in the future. But you have done something more during these forty-five years. You have established a Nursing Institute, which means untold comfort to many outside the hospital, and besides this you have established a Convalescent Home at Eastbourne. Looking around, I do not think I am saying too much that those who were with us fifty years ago would say that the work has grown to a greater degree than they could have expected. I can only say that there are amongst the members of your council men capable of looking round and seeing all sides of the question, and who appreciate very fully the direction in which it is wise to widen the great work. There are around us in London many social problems, and in endeavouring to widen out on scientific principles such a hospital as this, we are standing on solid ground and helping to do a vast good to the people of this great city. The work we are doing is a labour of love to all of us who are endeavouring to build up this hospital on the firmest basis. We can only express the hope that it will widen out, and give to the poorer classes that which we know is so useful and of so great benefit to them. The toast was honoured with acclamation.

Mr. J. P. Stilwell: Ladies and gentlemen,—Our chairman has given us certain statistics of the progress of the hospital in the last forty-five years. I will tell you of some of the notable men who have secured that progress; and first, the original conception of this hospital was in the mind of the late Dr. Quin, a man whom I had not the honour of knowing. I regret it very much. What a personality he was to the homœopathic world! Without him there would have been no homœopathic hospital. We have at the present moment with us Dr. Stephen Yeldham, Dr. Edward Hamilton and Mr. Hugh Cameron. These men rallied to the help of the hospital. They helped to establish the hospital in Golden Square. That was a beginning of the development of the higher science of medicine in London. The next personality that I will mention was Lord Ebury. Our present hospital stands on the ground of the old hospital in Great Ormond Street. The old hospital was three houses converted into a hospital which lasted until two years ago. Lord Ebury contributed in many ways to the success of the hospital. This hospital was the means of showing that the death-rate of

the cholera plague could be reduced to 16 per cent. In the other hospitals that death-rate was 86 per cent. The Government called for a return of the death rate in the different hospitals, but the return from this hospital was pigeon-holed. Finding that it was so, Lord Ebury insisted upon it being produced to the world, and without his efforts the world would never have known of it. Again, Lord Ebury was able to help us in a way that has done us much good. He was the author of a section of the Medical Act prohibiting Universities and Colleges from withholding medical degrees and licences from candidates on account of their having adopted the practice of any particular theory of medicine or surgery. I think I may safely say that without Lord Ebury we should have had no homœopathic body of practitioners. I don't see how it would have existed in England without this modification of the Act. When first I joined the Homœopathic Hospital, which I did at the instance of Dr. Yeldham, and I am sure when I mention his name every one will be glad to hear that he is, I hope, recovering from a serious attack of illness and I hope he will be long spared to help us. Well, when I joined the board in those days the late Major Vaughan Morgan was the chairman. We all remember what he has done—how fervent he was in his appreciation of homœopathy, and putting it forward whenever he could; what a liberal contributor he was to the funds, and what a mark he made by his own personality to induce his friends to become supporters of the hospital. He is no longer with us, but I am glad to have this opportunity of bearing testimony to the fact that it was he who began to agitate for a new hospital. The medical practitioners were all of opinion, and justly so, that surgical work could not be well carried on in the old building, and Major Vaughan Morgan took up the work, I will not say to completion, because his life was not spared, but he began that which has since been carried out so well. We are indebted very much to a donor who wishes her name to remain unknown; she has given us £10,000 as a start, and all friends of the Homœopathic Hospital are deeply indebted to her for giving such help. It is not only the sum I have mentioned, but she has inaugurated a second fund, to which she herself is a great contributor, for the paying off of the debt on the hospital, a debt which has been incurred in order that there should be nothing wanted, whether medical or otherwise, to make it the most complete hospital in all London. The old building was very small for the amount of work done in it, and it speaks volumes for the energy and faithful services of the staff that in that small building so much should have been done. Our chairman has mentioned the nurses. I can only thank them

for the aid they have rendered us. The Nursing Home was originally intended for dormitories, but we have been able to carry on a considerable hospital work in it, and in this we are all deeply indebted to our lady superintendent, Miss Brew. All who know our Secretary (Mr. G. A. Cross) are aware how hard he has worked to gather together all the elements which have to be reconciled in such a charity as this. Everyone knows that in crossing a choppy sea you need a good man at the helm, and this, I am glad to say, we have had in Mr. Cross. It is extremely creditable to the architect, Mr. William Pite, and the builders, that they will be so soon able to place the new building at our command. Now, ladies and gentlemen, I have only to say that I trust the efforts we are making to pay off the debt on this hospital, which is not a very large debt after all, will be ably seconded by you. If we could only raise £10,000, this hospital would be clear of debt to-morrow. (The toast was then drunk with much cordiality.)

The Chairman on rising again said, I have only to thank you all most heartily for the way in which you have drunk this toast of the London Homœopathic Hospital. It is now my privilege to propose the health of the medical staff, and I couple with it the name of Dr. Blackley.

Dr. Galley Blackley, who replied for the medical staff, said he yielded to none in his love for the hospital, and he felt deeply the honour of having been called upon to respond. He thought, however, Dr. Mackechnie, one of the house surgeons when the hospital was established, and who served it through the whole of the cholera visitation, would have been the better man to have spoken to the toast. His own acquaintance with the hospital dated back from 1858, when they had accommodation for forty patients and treated on an average about 400 every year. When they moved into Great Ormond Street it was clear that sooner or later they would have to erect a new building, because the old hospital was a conversion of three old houses. In conclusion, the speaker referred to the enormous good the hospital had done in training homœopathic doctors, and said there were scores of medical men scattered all over the country and many missionaries abroad who owed a great deal to that hospital. This work with the whole of the staff from beginning to end had been emphatically a labour of love. (Hear, hear.)

Mr. G. A. Cross read the gratifying list of subscriptions, amounting in all to £6,100, which included £359 given in the purses on the opening day. He said that deducting the £6,000 from the £12,000, that would leave £6,000 to be raised to free the hospital from debt.

Mr. Alan E. Chambre in felicitous terms submitted the health of the ladies, and referred to the lady visitors, who, he said were ministering angels indeed. They could never forget the great assistance the late Lady Ebury rendered them in that capacity, for she was one of the most devoted lady visitors to the wards. He was happy to say that in the present Lady Ebury they had a continuance of that charming devotion and tender care which came from loving the sick poor. (Hear, hear.) Their hospital owed very much to the ladies, for if it had not been for the generosity of one present that evening, who wished to remain anonymous, they would not have been in the enviable position of finding themselves with that splendid new building. (Hear, hear.)

Mr. C. Knox Shaw, in giving the health of the chairman, said it had always been the good fortune of the hospital to meet with influential friends and supporters. In the chairman they had indeed found a most influential and kind friend, for, as they all knew, he also acted as their treasurer. (Hear, hear.) From his knowledge as a member of the board he could assure them that the chairman looked upon his financial work as no sinecure, and he asked them to give hearty thanks to the noble lord for his kindness in taking the chair. (Applause.)

The toast was received with "three times three."

The Chairman replied that it was a great pleasure to him that the toast had been proposed by one of the working staff of the hospital, and he hoped that in the future he himself might claim to be one of the working staff. (Hear.) All connected with it, whether the nursing, medical or administrative staff, seemed to have but one aim, and that was to make the hospital a grand success. (Applause.) When they were trying to widen out the work of the hospital it was pleasant to know they had amongst them that evening two distinguished American friends, for it showed they appreciated the work of their English brethren, and he trusted the bond between English and American homœopathy might be still further strengthened. (Applause).

At the conclusion of the speeches, a very agreeable hour was spent in listening to a fine selection of music rendered by Madame Amy Sandon, Señor Guetary, Miss Grace Simon, and Signor Rubio, under the conductorship of Mr. Raphael Roche.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The annual meeting of this large and influential Association was held this year at Newport, a fashionable sea-side resort in the State of Rhode Island, on Thursday, the 20th of June, and six following days. Dr. Charles E. Fisher, of Chicago, the

editor of the *Medical Century*, presided. After the customary greetings of the Governor of the State and the Mayor of the City had been responded to by the President, the latter delivered his "business address," which, the *Hahnemannian Monthly* tells us, "was bristling with good and helpful suggestions." In speaking of the International Homœopathic Congress to be held in London in 1896, he earnestly urged that steps be taken to secure a large attendance from all over the United States, advocating the appointment of a committee to take charge of and arrange for the transportation to Europe, in a specially chartered steamer, of the members of the Institute.

After the transaction of routine business during the day, the members re-assembled in the evening, when the President delivered his annual address, which gave an outline of the work of the year past, calling attention to deceased members and picturing the prospects for the future. This was a brilliant effort delivered with dramatic effect, and was highly appreciated by both visitors and physicians.

On the third day a most interesting scene took place, when Dr. Hallock, one of the two surviving founders of the Institute in 1844, whose ninety-second birthday occurred during the following week, was escorted to the platform by a committee appointed for the purpose amid the cheering of the audience. He was afterwards welcomed by the Secretary on behalf of the meeting, and, the cheering and applause having subsided, the venerable representative of American homœopathy, in response to loud cries for a "speech," said a few words.

On this day the officers for the ensuing year were elected, the place of meeting being Detroit, Michigan. Dr. Pemberton Dudley, of Philadelphia, was chosen president, a most admirable selection, Dr. McLachlan and Dr. Budlong, vice-presidents.

Memorial services of members of the Institute who had died during the preceding year were held on Sunday evening, June 28rd.

On the following day, at the evening session, the Hahnemann Monument, which it is proposed to erect at Washington, was the chief subject of interest. The sculptor is Mr. C. Niehaus, of New York. The architect of "the monument in Greek exhedra, in the centre of which the statue proper is to be placed," is Mr. J. A. Houder, of New York. The statue represents the famous physician sitting in a chair, his head bowed on his right hand, and his left holding a book. It is of bronze, of heroic size, and stands on a pedestal of granite bearing the inscription "*similia similibus curantur*." Small models of this statue in bronze and plaster were shown at

the hotel and sold to delegates. A large model of the entire monument was shown in the lobby of the hotel.

The report of the Committee showed that $25,000, out of $48,000 required to complete the work, had been subscribed, and during the week this sum was increased by $4,000.

A committee appointed at the Session of 1894, "to consider what action, if any, the Institute should take in view of the occurrence of the Centennial of Homœopathy in 1896," handed in a very elaborate report. They suggest and recommend that the celebration shall be directed to the following specific purposes, namely:

(*a*) To pay honour to the character, genius and labours of Hahnemann, and to the worth of his discovery.

(*b*) To establish memorials of the man and of his discovery.

(*c*) To re-examine the law of similars in the light of modern knowledge and science.

(*d*) To employ the occasion as a means and opportunity for further extending the knowledge and influence of homœopathy and for imparting a new impetus to its development.

The central thought of the celebration should be the discovery promulgated in 1796—the law of similars. Public and professional attention should be drawn as strongly as possible to this particular subject as the distinctive and essential "truth" of homœopathy, while other truths taught by Hahnemann and held by his followers should, for the time being, occupy a secondary place. This sharp distinction should be made for the purpose of forcing public and professional recognition of the real and essential question at issue between the two methods of medical practice. The details pointing out how these purposes may be most efficiently carried out are very complete and thorough.

The various sections in medicine, surgery and obstetrics, were well furnished with useful and interesting papers, and the discussion that they elicited appears to have been instructive and practical.

The attendance of members and visitors—325 of the former and 265 of the latter—was somewhat smaller than it has been in previous years, but the social element was, as the *New York Times* says, "most enjoyable," as, indeed, we can well believe that it always is.

PHYSIOLOGICAL ACTION OF ANTIDIPHTHERITIC SERUM.

Mya (*Lo Sperimentale*, April 11th, 1895) has investigated the physiological action of the serum in children not suffering from diphtheria. They were cases of slight measles, malarial

cachexia, mild rickets, and slight laryngeal catarrh. The ages were 6 years, 18 months, 2 years, and 29 months respectively. In these four cases there was no noteworthy action of the circulatory apparatus or kidneys. In the case of mild measles, slight arhythmia, noted before injection, was not aggravated by it. The author says that this arhythmia is sometimes seen in children after infective diseases. No change was produced in the temperature except in one case in which a scarlatiniform rash appeared. A slight increase in the quantity of the urine was observed, and also in the amount of urea. The most obvious change was noted in the blood, and consisted in an increase of the white cells and diminution of the red cells immediately after the injection; it was transitory, not lasting more than twenty-four to forty-eight hours, and was not accompanied by any alteration in the colouring matters of the urine. The author's results correspond with those of Zagari and Calabrese, but he does not agree that there was any hæmolytic action exercised by the serum. He thinks that the injection of a heterogeneous serum causes a dilution of the blood, which is brought about by the absorption of lymph. Sevestre has lately shown that the injection of a horse's serum produces fever and urticaria in children. Mya is of opinion that the antidiphtheritic serum exercises no noxious action such as can be appreciated by present methods of examination, and that disturbances hitherto noted have been due to the lymphagogue action of the horse's serum introduced subcutaneously.—*British Medical Journal.*

APOCYNUM CANNABINUM IN HEART DISEASES.

Dr. Glinski (*Gazz. Degli Ospedali*, No. 82, 1894), by experiments on animals, has found that the root of *apocynum cannabinum* contains a violent poison, which, in large doses, paralyzes the heart, and, in small quantities, retards and strengthens its beats. Basing himself on these results, he experimented upon himself, for he suffered from hypertrophy of the left ventricle, with intercurrent attacks of dilatation of the heart, mitral murmur, dyspnœa, etc. He took fifteen drops of the fluid extract three times a day. Having observed that all his symptoms disappeared in two days, he experimented on other cases having palpitation and disturbed compensation, where *strophanthus* and *adonis vernalis* were without result, and *digitalis* seemed contra-indicated. He reports the details of his cases and concludes as follows:

1. *Apocynum cannabinum* root appears to have an action similar to that of *digitalis*, without cumulative action.

2. In cases of dilatation, *apocynum* rapidly dimishes the area of dulness.

3. It increases the quantity of urine, causes the palpitation to disappear, and promotes the absorption of exudates.

4. Beyond a sensation of increased pulsation in the arteries of the head, he has observed no disagreeable effects. It may be used as a decoction, three or four spoonfuls a day. The tincture (1:40), five to ten drops, three or four times a day, or the fluid extract, in a dose of ten to fifteen drops, three time a day.—*New York Medical Times*, January.

EUROPHEN.

De Bulk and Walton (*Ext. de la Flandre Méd.*, 1894) treat of the surgical applications of europhen. Iodoform has some great disadvantages. It often irritates the skin, and provokes erythema, urticaria, etc. It is a bad cicatrising agent; granulating wounds dressed with it become indolent, flabby, and are slow to be covered with epidermis. Its odour is most objectionable, especially for private practice. The hitherto suggested methods of deodorisation of it are unsatisfactory. Lastly, it needs careful watching on account of its toxicity. Iodoform poisoning is capricious and peculiar, suddenly bursting forth without prodromata in the susceptible, causing grave cerebral disturbances which may even be fatal. The merits of iodoform rest on its great holding of iodine (96.47 per cent.). This, loosely fixed in the molecule, separates itself continuously in presence of organic juices, and to this nascent iodine is due its microbicidal action on infected wounds. Various iodised substances, mostly of the aromatic series, have been brought forward of recent years to obtain the advantages of iodoform without its disadvantages. Such are the sozoiodols, losophan, and antiseptol. Since, however, their iodine is not liberated freely, they cannot replace iodoform. Aristol and europhen present stronger claims. The latter (isobutyl-ortho-cresol-iodide—28 per cent. iodine) is superior to iodoform in that it has a very slight agreeable odour, feeble toxicity, lightness (five times lighter). It possesses almost the antiseptic properties of iodoform, slowly frees its iodine in alkaline media, diminishes secretion, and opposes diapedesis of the white corpuscles. Clinical experience has shown its antivenereal and antisyphilitic value; and Jasinsky and Christmann attest its antituberculous properties. Europhen keeps wounds very dry, favours the reunion of sutured wounds, and the granulation and cicatrisation of open sores and cavities. The authors give twenty instances of its use. The only drawbacks noted were one case of well-marked erythema, and complaints from two or three patients of slight local smarting. It strongly adheres to everything it touches, a

property which, if advantageous as regards wounds, may present inconveniences to instruments and the surgeon's hand. —*British Medical Journal.*

ACUTE PARALYSIS.

The following case of paralysis occurring suddenly illustrates a condition in which conium is useful. It is translated from the *Leipziger Populare Zeitschrift für Homœopathie* by the *Hahnemannian Monthly* (May.) "Dr. Berlin was consulted by a labourer of fifty years of age, who, previously in good health, and with nothing worthy of notice in his recent history, was suddenly seized while working in the field with a sensation of great weakness and paralysis of the whole body, so that he fell to the ground. The weakness seemed to begin in the legs and go upwards into the upper portion of the body; at the same time he was unable to see, and he experienced a violent vertigo. He was immediately raised up by his companions, yet, on account of the weakness and vertigo, he found it impossible to walk. He was carried home and put to bed, where he was seized with nausea and vomited for several hours. That night he slept fairly well. The following day, though the weakness had disappeared and he felt passably well while lying in bed, as soon as he attempted to get up, or even to turn in bed, the vertigo would reappear; it was unbearable if he were assisted to stand. It was less pronounced on sitting straight up and still. Turning the head up or to one side would increase it. Unassisted he could not walk at all; no pains, appetite bad, though his bowels were normal. Four days after the first appearance of his affection he received *conium maculatum*, 3c, five drops three times a day. Twenty-four hours after he was able to walk unaided, and in four days he resumed his work. *Conium*, as is known, has a special affinity for the nerves of motion, which it paralyzes. It has been found especially serviceable in the conditions of weakness and exhaustion of old age, or such as are observed after long and severe diseases, as typhoid fever. It has been called "the panacea of old men." The characteristic vertigo is dependent upon a cerebral anæmia. It is aggravated even from turning in bed; sitting up or walking renders it very violent; bending down ameliorates, and, in general, the lower the patient's head the better he feels.

NAPHTHALIN IN INTESTINAL DISEASES.

Dr. Theo. Nelson states that internally *naphthalin* is useful where a non-irritating intestinal antiseptic is indicated, being in these cases reliable and not apt to cause toxic symptoms,

even if given in large doses. In chronic fermentative diarrhœa *naphthalin* is a remedy he values very highly. In such cases where he fails to find the proper homœopathic remedy he resorts to *naphthalin* in doses of 5 or 6 grains of the 1x trit. every three or four hours, and has had brilliant results. He does not think the cures are homœopathic, but they are, nevertheless, very satisfactory. *Naphthalin* is especially indicated when the discharge in bowel complaints has an extremely offensive odour. In dysentery, after it has passed its acute stages and when there is danger of destruction of bowel tissues from gangrenous ulceration and sloughing, *naphthalin* is of signal value; but the proper dose must be given. If 5 or 6 grains of the 1x every three hours does not have the required effect give double or even three times the dose, and never go higher before the worst symptoms are fairly well subdued. In typhoid fever, second or third stage, and especially if there has been intestinal hæmorrhage, *naphthalin* is eminently useful.—*American Homœopathist*, December, 1894.

NEW TREATMENT FOR DIABETES.

Lépine (*Sem. Méd.*, April 24th, 1895) records the result of the treatment of four cases of diabetes mellitus with a glycolytic ferment prepared from the diastase of malt. In all four cases there was distinct improvement, and details of these cases are given. As regards the sugar excretion, in the first case, before treatment the mean quantity for the twenty-four hours was 140 grammes; under the influence of the ferment it was 70 grammes. In the second case the sugar was reduced from 41 to 11 grammes; the third case from 116 to 80 grammes; in the fourth case from 257 to 124 grammes, but later only to 163 grammes. The ferment is not diuretic; it has no injurious effects, but the improvement is only temporary.—*British Medical Journal.*

VAGINAL EXTIRPATION OF UTERUS AFTER LABOUR.

Chrobak (*Centralbl. f. Gynäk.*, No. 21, 1895) advocates this practice in cases of uncontrollable flooding where rupture is suspected, though he admits that the only two cases in which he acted on this principle ended fatally. In one case, a placenta prævia labour, violent hæmorrhage set in during delivery, and a laceration involving the cervix was detected. A tampon was applied; this rapidly became soaked, and a second was firmly packed into the uterine cavity. Hæmorrhage continued, so that Chrobak decided on removing the uterus through the vagina, as that proceeding seemed to him

simpler than abdominal hysterectomy. He states that the operation was not very difficult. The uterus was nearly six inches long. As it proved difficult to extract, a piece two fingers' breadth wide was cut, like a slice made in an orange, out of the anterior wall; then the organ was easily drawn out of the vagina. There was very little hæmorrhage during the removal of the uterus. Complete rupture of its wall was discovered; the laceration had apparently been enlarged when the second tampon was applied. The patient died. No details of the second case are given. In the one case the whole operation was done in four, and in the other in eight minutes. As far as facility of extraction is concerned, Chrobak considers his experience "encouraging."—*Brit. Med. Journ.*

HYPERPYREXIA FOLLOWING THE USE OF ATROPINE.

W. F. Dearden (*Brit. Med. Journ.*) reports the following example of idiosyncrasy in a baby, 1 month old, suffering from opacity of the cornea, and into whose left eye he had been dropping twice daily for a week a sulphate of atropine 4 grains to the ounce solution. On May 24th he used the atropine at 9 p.m. At 11 p.m. the nurse noticed the child to be very restless, dry in the mouth, and feverish. On being sent for at 1 a.m. next morning he found the temperature to be 107.2° F. This temperature was reduced to normal by means of the cold bath. At 9 a.m. on May 25th the temperature was 101°, and in the evening it was normal. On May 26th, at 12.30 p.m., the temperature was quite normal, and he again used the atropine drops. At 1.30 p.m. the temperature was 104.5°, but was reduced by means of an antipyretic. The temperature was normal on May 27th, and has continued so ever since, the use of the atropine drops being discontinued. The child is a very healthy one, and, beyond the corneal opacity due to injury during labour, has nothing whatever the matter with it.

SURGICAL DRESSING.

Compound tincture of benzoin is being used in the United States as a surgical dressing. The wound is carefully cleansed and irrigated with antiseptic solution. All hæmorrhage is thoroughly checked, and a layer of surgical cotton is placed round the wound; the compound tincture of benzoin is then poured next to the surface of the latter, and saturating the cotton immediately surrounding the injured tissues. The

drug, after undergoing evaporation, will form a coating with the cotton that will hermetically seal the part, thereby rendering it perfectly aseptic. This dressing can be left intact for five or six days; if it become loosened, the patient can add a little more of the tincture, and let it evaporate as before.—*Monthly Magazine of Pharmacy.*

CORRESPONDENCE.

THE SOUND OF MITRAL STENOSIS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I am sorry to find that an obscurity on my part has led the reviewer of my work on "Diseases of the Heart," in your July issue, to misapprehend my meaning. When I use the phrase "the peculiar thumping first sound which indicates mitral stenosis," I forgot for the moment that the majority of my readers would probably not have had the advantage of being trained by Dr. George Balfour, of Edinburgh. It was quite natural, therefore, that your reviewer should infer that I considered a thumping first sound to be the *only* sign of that particular lesion. This is by no means the case.

The writer of the review is no doubt aware that in a well marked and uncomplicated case of mitral stenosis the characteristic presystolic bruit ends in an equally characteristic "thump." If he will carefully observe the next case of the kind which comes under his care, making frequent examination over a period of time, he will probably find that the bruit is not always present, *but the "thump" invariably is*, showing that no change has occurred in the organic condition of the valve. The "thump" thus becomes by itself pathognomonic of mitral stenosis.

I am by no means disposed to quarrel with the writer's criticism of the materia medica portion of my work. It is the exact converse of the famous complaint made by the boy of his porridge. After bewailing that it was everything which respectable porridge ought not to be, he wound up with this "and, dang it, there ain't half enough of it." My reviewer, on the contrary, thinks there is too much by half of my materia medica, but "hang it," he says in effect, "what there is is uncommonly good."

Your obedient servant,

JOHN H. CLARKE.

11th July.

OPIUM INSUSCEPTIBILITY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The following case may be of interest to your readers in connection with Dr. Blackley's interesting paper in the July *Review*.

A fellow student of mine at University College, in 1869, had been reading Dr. Archibald Billing's article on bronchitis, in which the author advises large doses of *opium*. As my friend at the time was suffering from bronchitis, he took two grains of *pulv. opii* three or four times a day for some time. In 1871, from pure bravado, he took three drachms of *tinc. opii* in one dose. The only symptoms produced were severe diarrhœa for two days and insomnia for three nights. During this time he did his work as senior obstetric assistant satisfactorily, although he could hardly see on account of contraction of the pupils. Since 1871 a dose of 8-5 minims of *tinc. opii* will always keep him awake for one or two nights.

Whether the medium doses of *opium* taken for some weeks in 1869 had anything to do with the insusceptibility afterwards is questionable, but certainly it is remarkable that 8 drachms of *tinc. opii* = 12 grains of solid *opium* should have so little effect.

Yours faithfully,

4th July, 1895. WASHINGTON EPPS.

THE DOSE QUESTION.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—May I be permitted to suggest to contributors of clinical cases to this journal, that if the *dilution* of the medicines prescribed was always mentioned, such cases would be rendered doubly instructive, and would help to elucidate the important and vexed question of the *dose*.

Dr. Lamb's interesting paper in your July issue illustrates, in a very practical way, the remarkable effects of the same drug in different dilutions, *e.g.*, the success of *millefolium* ♃ in hæmoptysis after the failure of the 1x; of *hamamelis* 1 in hæmaturia after ♏xv doses of the pure tincture had proved useless; and, *per contra*, the rapidly beneficial effects of *bryonia* ♄ in 8 drop doses in acute rheumatism, after non-success with the first decimal dilution.

Such examples as these prove the extreme importance of specifying the strength of the remedy used in any given case.

Faithfully yours,

STANLEY WILDE, L.R.C.P., L.R.C.S. Edin.

Cheltenham,
July, 1895.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays, 2.30; Diseases of Women, Tuesdays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Diseases of the Throat, Mondays, 2.30. Operations, Tuesdays, 2.30.

Dr. A. C. CLIFTON, of Northampton, has retired from practice in favour of Dr. ROSS, who has been in partnership with him for the last two years. Dr. CLIFTON has therefore removed to 9, East Park Parade, Northampton, Dr. ROSS occupying his house in Abington Street. We trust that our old friend may enjoy many years of health and happiness now that the cares and anxieties of practice are no longer borne by him.

Communications have been received from Dr. BRYCE (Edinburgh); Dr. HAYWARD (Birkenhead); Dr. HOLST (Bournemouth).

BOOKS RECEIVED.

Herbs and Simples. By W. T. Fernie, M.D. Bristol: John Wright and Co.—*Some Vestigial Structures in Man.* By Dr. Rotzell. Narberth, Pa., U.S.A.—*The Homœopathic World.* July. London.—*Medical Reprints.* June. London.—*The Chemist and Druggist.* July. London.—*The Calcutta Journal of Medicine.* April, May.—*The Indian Homœopathic Review.* May. Calcutta.—*The New York Medical Times.* July.—*The Homœopathic Eye, Ear and Throat Journal.* June. New York.—*The Medical Times.* July. New York.—*The Medical Century.* June and July. Chicago.—*The Clinique.* June. Chicago.—*The Medical Advance.* July. Chicago.—*The New England Medical Gazette.* June. Boston.—*The Hahnemannian Monthly.* July. Philadelphia.—*The Homœopathic Recorder.* May. Philadelphia.—*Southern Journal of Homœopathy.* June. Baltimore.—*Homœopathic Envoy.* July. Lancaster.—*Medical Argus.* June. Minneapolis.—*Denver Journal of Homœopathy.* June.—*Revue Homœopathique Française.* May. Paris.—*Revue Homœopathique Belge.* March. Brussels.—*Archive für Homöopathie.* June. Dresden.—*Leipziger Populäre Zeitschrift für Homöopathie.* July.—*Rivista Omiopatica.* May and June. Rome.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

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THE ANNUAL HOMŒOPATHIC CONGRESS.

It is our duty and pleasure once more to announce to our readers the advent of the month in which the Annual Congress holds its meeting. The usual circular was issued by the Honorary Secretary in July, but in the holiday season future events are often allowed to slip from the memory, and hence a restorative becomes necessary; this we will endeavour to supply. All who attend these Congresses agree as to their pleasantness, and the great benefit resulting from the social as well as professional intercourse which they afford. Not only is the first part of the day filled up by real professional work, by the reading and discussion of interesting and valuable papers in connection with medicine and surgery, in all their departments, making one feel that the Congress is not a mere social gathering, but is, in very truth, the medium for a valuable interchange of thought and for acquiring knowledge, while it is at the same time a real holiday. After work pleasure is doubly enjoyed, and the members meet in the evening at dinner, feeling that they have done their pleasant day's work, and are fully ready to enjoy a happy evening over a good dinner, and the speeches and music which follow. Men thus meet in a friendly and social way that is next to impossible for them to do otherwise. The meetings of medical societies are very invigorating in their way, but nothing

tends to draw together in real friendship and mutual respect practitioners who are widely separated and always busy, more than do these Congress gatherings. In fact, were it not for them, men might work on year after year in busy practice, and only know many of their colleagues by name and reputation. To meet in this social way, spending a whole day in each other's company, rubs off corners, promotes lasting friendships, and leaves after the day is over a keen sense of real pleasure and happiness to look back upon, and tends to create a desire to renew the exhilarating draught next year. Then besides the mere day of work, the members meet—many of them at least—the night before and the night after at their hotels, and there social friendships are cemented by longer intercourse. This always seems to us the real source of strength in keeping up the Congress meetings, and it is one not to be despised in these days of hurry and engrossment in work, a condition which leads to selfishness and an inevitable degree of narrow-mindedness. The more one gets—even for a day—out of the daily groove, and mixes with one's fellows, especially in the medical profession, the better it is for every one of us. The "odium medicum" which, we believe, hardly exists among homœopaths, is certainly reduced to a minimum by such meetings. Men get to understand one another, and to find that certain colleagues whom they may have misunderstood are, after all, good fellows at bottom, and hence work thereafter goes on more smoothly and pleasantly. On this ground alone we would urge upon all our colleagues who possibly can to make a point of attending the Congress. We are aware that it is sometimes absolutely impossible to come, but, on the other hand, we are sure that many men could come for the day, only one day, if they would determine to do so, and we strongly urge every one of our colleagues to think twice before they decide not to avail themselves of a pleasure which, after it is over, they will be truly glad they have enjoyed, even though at the cost of a little difficulty. Things that are delightful in themselves, but which are obtained with some little difficulty, trouble or expense, are usually far more appreciated than when dropping into one's hands like a ripe peach. Some consideration also ought to be given to those who take the trouble to organise the

meetings, and for those who bestow their labour in writing papers for them. It is disappointing to both to find only a small attendance when such good things are provided, while the barometer of satisfaction and gratification rises when the numbers approach a really considerable attendance. More *esprit de corps* is experienced, and a sense of "go" and enthusiasm pervades the meeting, while a small attendance acts as a wet blanket upon all. There is yet another reason why men should use their utmost endeavours to be present—a reason that ought to appeal strongly to every one—namely, the appearance of the Congress to outsiders. It is unwise to pooh-pooh public opinion. The progress of homœopathy depends as much on the public as on its practitioners. The public frequently enquire if homœopathy is making way, and they not unnaturally draw conclusions of their own, rightly or wrongly, as to the importance of the representation of homœopathic practitioners at their Annual Congress. When a small attendance only is seen at the annual gathering of those whose life-work it is to promote the spread of doctrines and practices which they believe constitute true scientific medicine, the public is inclined to ask what it is all about, and if homœopathy can be making the way that it is. Our colleagues in America set us an excellent example in this respect. The numbers that attend the annual meetings of the American Institute of Homœopathy, are far larger in proportion than our usual Congress can show, while the distances they travel to attend it throws our short journeys quite into the shade. We ought seriously, and as a matter of duty, to consider this point—the appearance to the outside public of what we can show as an annual gathering. We are aware that when one is held in London, the numbers are excellent, since the metropolis always affords inducements to those from the provinces to visit it. But we think it is all the more our duty to make a good representation in provincial towns, where, perhaps, the same inducements do not exist, but in which there are always things well worthy of being seen, and where public opinion is ever on the alert. We ought, then, to resolve to support and further not only the best interests of homœopathy in general, but also those of our colleagues in whose city the Congress meets. Once or twice on former occasions

in provincial towns, our local colleagues have, with a sense of disappointment and chagrin, told us that they felt rather ashamed at the small numbers who came there to represent homœopathy. The feeling in the town of surprise at a Congress small in numbers, must and does react to the disadvantage of those who practise there.

We sincerely trust that these remarks will be taken to heart by all our colleagues, and that the Leeds meeting will show a large and influential body of men, whose enthusiasm for the cause alone is a sufficient inducement to give a day away from the daily grind of work for the advancement of homœopathy, to say nothing of the holiday pleasures.

The Congress will be held at Leeds, on Thursday, the 19th of September, at the Great Northern Station Hotel. Leeds is a city, the importance of which in the kingdom it is needless to speak of. The chief trade is in iron, cloth and leather, and should any member of Congress desire to see the large manufactories, no doubt the Vice-President, Dr. RAMSBOTHAM, or the Local Secretary, Dr. STACEY, could procure a card of admission. The Caroline Church of St. John is of much interest, and the old Norman Church at Adel will attract those who are artistically inclined, while the parish church is famed for the beauty of its choral services. The homœopathic dispensary, of which HER SERENE HIGHNESS the PRINCESS ADOLPHUS OF TECK has consented to become Patroness, will be open for inspection. For those who can spare an extra day the ruins of Kirkstall Abbey, the towns of Harrogate, Ilkley, Knaresborough with its Castle and Dropping Well, Ripon with Fountains Abbey, and Bolton Abbey, famed for its woodland and moorland beauty, are all within easy reach of Leeds. Excursions to any of these interesting places can be arranged by the local secretary, if sufficient notice is given.

Dr. E. M. MADDEN will give his Presidential address on *Recent Pathological Investigations and Theories, with special reference to certain points which seem to bear on the doctrine, "similia similibus," and on Hahnemann's speculations as to its "modus operandi."* This subject is one full of interest, and will, we are sure, be handled in an able manner by the President. Dr. BURFORD reads the

next paper, on *A New Therapeutic Treatment of Sub-involution of the Uterus with Salts of Potassium and Gold.* This paper will, we understand, embody the results of the writer's original investigations, opening up a new range of study in materia medica and therapeutics, which cannot fail, in Dr. BURFORD'S hands, to be most valuable and instructive. After luncheon, the usual business arrangements for the next Congress will be considered, and as the International Homœopathic Congress takes place next year in London, the final arrangements for it will be made at this time. In the circular, this piece of business was inadvertently omitted. Dr. HUGHES will give a report of the arrangements up to date, and make proposals for the various details necessary.

A third paper will be read by Dr. CHAS. W. HAYWARD on *Albuminuria.* This, we understand, will be based on some important original work, on which the writer has been engaged for some time back. It cannot, therefore, fail to be one of much interest and instruction.

The last paper will be read by Dr. ORD, on *Hindrances to the Action of the Homœopathic Specific.* We have been favoured with a perusal of Dr. ORD'S paper, and are sure that it will be listened to with much interest, and form an excellent *finale* to the work of the Congress. The dinner at the hotel will conclude the day's proceedings, and we think that this year an abundance of good things—mental and physical—are in store for those of our colleagues who will avail themselves of them. We trust that our exhortations will result in a very large attendance.

THE BRITISH MEDICAL ASSOCIATION.

THE Annual Meeting of this Association in the metropolis last month was evidently a great success. The number of members present was large. The addresses of the President and other leaders of professional opinion were well adapted to meet the views and, we may add, the prejudices, of the majority; while the discussions and resolutions carried, in what are conceived to be the "interests" of the general practitioner, gave the most lively satisfaction to the members. Among other things, the Council were directed to approach the Government with a view to the constitution of an "authority" to

control irregular practice, with a preference for the British Medical Association as that "authority." We should imagine that, before placing a despotic control over the practice of the members of the Medical Profession in the hands of a body which passed, and still retains on its Minutes, the notorious resolutions agreed to at the Brighton meeting in 1851, and has ever since given abundant evidence of the Trades Union spirit in which its dealings with the profession are conceived, Parliament will require to have a very precise definition of what is intended to be conveyed by the phrase, "irregular practice," before they entrust the liberties of the members of the profession to its mercy.

Sir WILLIAM O. PRIESTLEY, in his address, said, "I can recollect the time when a great surgeon expressed the opinion, that he who attempted the entire removal of an ovarian tumour ought to be indicted for manslaughter." Had such a power been placed in the hands of the Association at that time, the removal of an ovarian tumour would inevitably have been deemed "irregular practice," and then where would have been the progress, the successful progress, of gynæcological surgery which we see to-day? Had such a power been placed in the hands of the Association in 1851, and allowed to remain there, Dr. S. WEST, in prescribing *uranium nitrate* in diabetes, would have been convicted of "irregular practice," just as Dr. GREENFIELD was convicted and committed to Newgate by the College of Physicians, in 1694, for prescribing *cantharides* in strangury!

Such a power of control over medical men as the Association desires is undesirable on every ground, and with so elastic an expression as "irregular practice," as the basis of a charge, with practically penal consequences attending a conviction, is one that is open to abuses innumerable, especially when in the hands of a body instinct with the worst features of trades unionism. No Government would, we are well assured, ever confer such a power upon such a body, or we believe on any society or college.

The various phases of irregularities in professional life, such as advertising, the employment of unqualified assistants, the holding office in what are termed "Medical Aid" Societies, societies in which medical

men undertake to do, for a sum which a foreman of mechanics would refuse, an amount of professional work that no three men could adequately perform, are indeed to be deprecated. They must, however, be extirpated by moral influences, not by statutory enactments.

One feature of the meeting in which the *Lancet* (Aug. 10) finds especial satisfaction is, "the wide recognition of it as an event by the general press." This recognition took the form of very full reports of the proceedings thereat in the *Times* and all the leading daily papers. There was a time, and that not so very long ago either, when the *Lancet* would have resented the report of the proceedings of a medical gathering appearing in a general newspaper. That medical and surgical discussions should have more publicity is, we think, a very good thing. Medicine and surgery exist and are cultivated for the benefit of the public, and not merely in the interest of the profession. It is an advantage for the profession to know what the public think of them, of their sayings and doings. Though the criticism may not always be pleasant reading, it is none the less useful and necessary that "we should see oursels' as ithers see us."

Sir J. Russell Reynolds, the President, devoted his Address to a review of the changes which have come over the practice of medicine during the last twenty-two years. This, we need hardly say, presented the practitioners of to-day, the medical science of to-day, and the medical art of to-day, in a very favourable light. The terms in which he contrasted the medicine and surgery of 1895 with the medicine and surgery of 1873 have, however, exposed the President to some sharp but well merited criticism from the editor of the *Times*.

"The ordinary layman," says the writer, "may perhaps be pardoned if he reads with a slight shudder the account given by Sir Russell Reynolds of the state of things in 1873. Though the period is not remote, and though the medical profession was even then supposed to have attained to high proficiency, we are told that there was 'plenty of assertion and show of knowledge,' but that 'even the teachers did not believe the half of what they taught.' The learner then 'felt sure of little but his own and his teacher's ignorance, but now he grasps much that is ascertained truth.' A less sharp antithesis would perhaps have inspired a fuller confidence in the

medical science of the present. These teachers of the past were not diffident in claiming that knowledge and certitude their possession of which is denied. The layman may perhaps entertain some unpleasant doubts as to how far the teachers of the present may incur a similar condemnation from the President of the British Medical Association of twenty-five years hence. The remarkable advance that has undoubtedly been made in physiology, pathology and kindred branches of science does not of itself insure a more successful application of knowledge to the immediate needs of the patient. It is quite possible to know a great deal more about the morbid changes that occur in the course of a given disease without attaining any greatly increased measure of success in its treatment. It is even more easy to mistake for increase of genuine knowledge what is merely novel and more elaborate analysis and restatement of the knowledge already possessed. Certainly many of the papers and discussions reported in medical journals, bristling with formidable Greek derivatives, suggest the doubt whether life is ever quite long enough at once to elaborate general medical information in this manner, and to learn its practical and successful application to the patient.

"Probably the reply would be that these elaborate papers, upon small sections of the general field, are the work of specialists, and are not to be taken as the occupation or even the pabulum of the profession at large. There is no doubt much to be said for this view, since we can scarcely imagine that busy practitioners can spare time to master all these voluminous essays upon points which rarely or never come before them in practice. But does the detailed knowledge thus set forth really enter into the ordinary treatment to which the ordinary man must have recourse? It would seem that it does not, and we thus come back to the disagreeable doubt, already suggested, whether the immensely extended apparatus of minute research really improves our chances of recovery."

Doubtless such thoughts as those expressed by the editor of the *Times* may not only be entertained by the layman, but also by the experienced observer of the progress of the medical art. The dogmatism of the medical teacher of to-day is asserted just as confidently as that of his predecessors of only a quarter of a century ago! And yet we must go on experimenting, observing and drawing conclusions from our experiments and our observations; go on we hope unto perfection, or at least we must endeavour to do so, remembering all the time that in therapeutics, whether medical or surgical, *primo*

non nocere must ever be uppermost in the minds of both physician and surgeon.

The address of Sir WILLIAM OVEREND PRIESTLEY in opening the section of Obstetric Medicine and Gynæcology — *On Over-Operating in Gynæcology*— * sounded a note of warning to the enthusiastic surgeons of the day, which we believe to be very much needed.

Sir WILLIAM commenced his address by congratulations on the progress which there has been in rendering the practice of midwifery safer.

"To take," he said, "the single subject of the application of the antiseptic system to midwifery; the gain has been enormous, and I know no instance within recent days where the triumph of preventive medicine has been so signally marked. . . . . It is well known that as the result of antiseptics puerperal fever has been practically annihilated in lying-in hospitals. I took the trouble during the International Congress of Hygiene to collect the statistics of all the lying-in hospitals at that time accessible, and I was able to show that, as before the introduction of antiseptics, according to the figures of Le Fort, the deaths were then more than 34 per 1,000, they have been reduced since their careful employment to fewer than 5 per 1,000. In other words, there has been an actual saving of more than 3,000 maternal lives which would otherwise have been sacrificed."

He expressed a regret that the same great advance had not taken place in private practice, and added that later researches of Dr. BOXALL made it clear that there was still a large preventable mortality among puerperal patients attended at their own homes. He described the use of antiseptics in obstetrics as taking its place in importance beside the introduction of anæsthesia in midwifery. The axis-traction forceps of M. TARNIER, the modification of instruments used for craniotomy and similar operations, were referred to as also being advances in the obstetric art which could be regarded with great satisfaction.

"It was, however," he said, "in the department of so-called gynæcology that in later days the greatest activity is to be noted. A better and larger knowledge of the pathological changes in the pelvic organs—the results of experience as to the tolerance of the peritoneum if not tainted by infective

* *British Medical Journal*, Aug. 3.

organisms—the help of anæsthesia, asepsis, and antiseptics, have brought about a revolution in the treatment of the surgical diseases of women, and greatly multiplied the number of possible operations."

He then in a few sentences described the progress which had been made in the removal of ovarian tumours.

"Certainly" he went on to say "experience has taught much hitherto unsuspected as to what may be accomplished by skilful procedure and scrupulous antiseptic precautions, but the enthusiasm aroused, not without good reason, may readily be carried too far. I have lived long enough to have seen the evil of rushing on too impetuously, and in watching the progress of gynæcology during long periods of time, have witnessed the wax and wane of many enthusiasms which have had their day, and have had a share in bringing something like discredit on a department of practice which, rightly exercised, is productive of great good, but, exercised unwisely, is capable of producing infinite harm.

"Looking back on forty years of gynæcological practice, I can recollect what has been termed a craze for inflammation and ulceration of the os and cervix uteri. During its prevalence it was said of some devotees that every woman of a household was apt to be regarded as suffering from these affections, and locally treated accordingly. Shortly afterwards came a brief and not very creditable period when 'clitoridectomy' was strongly advocated as a remedy for numerous ills. This fortunately had a very limited currency, and was speedily abandoned. Then followed a time in which displacement of the uterus held the field, and every backache, every pelvic discomfort, every general neurosis was attributed to mechanical causes, and must needs be treated by uterine pessaries. Again, we have an epoch when oöphorectomy or castration of women was not only recommended and largely practised as a means of restraining hæmorrhage in bleeding fibroids, but also as a remedy for certain forms of neurosis even when the ovaries were healthy or not seriously diseased. Ere long it was discovered that removing the ovaries for neuroses, even if safely accomplished so far as life was concerned, besides unsexing the woman, was frequently followed by more severe nervous penalties than those for which it had been used as a remedy; that, in fact, it often entailed a loss of mental equilibrium, and sometimes ended in insanity.

"Close upon this, again, came an ardour for stitching up rents in the cervix uteri following childbirth, rents which were described as producing many hitherto unknown evils, and frequently conducting to the establishment of malignant disease.

One votary of this practice boasted of having detected and operated on in a short period no fewer than 300 or 400 cases which he had found in examining 900 women. Surely here was a marked illustration of the *nimia diligentia*. No such experience, so far as I know, has been chronicled by any other author.

"Lastly, we have had what has been described as an epidemic of operations for excision of the uterine appendages; and even now, although this operation has but recently come into vogue, I see there is a reaction against its too frequent performance, and a demand in its place for more conservative methods which shall leave these parts of the generative system a chance of still performing their important functions. These reclamations come especially from across the Atlantic, where one of their most sagacious writers characterised the ardour for operations as akin to the excitement of fox hunting, and has implored his brethren in treating diseases of women to recollect that their patients have other organs than those in the pelvis.

"In most or all the modes of treatment which I have indicated there is probably some utility, if properly limited and applied in well-selected cases, but the germ of truth has been so obscured by inappropriate use that each one in turn has been pushed aside by fresh innovations.

"I suppose it is inevitable that with an army of workers, each component unit anxious to make a mark in his department, a somewhat undue enthusiasm should be engendered; but I believe we should get greater credit with other sections of our profession if that laudable zeal, without which no great results can be achieved, were a little more tempered by discretion and we were to proceed so cautiously that there should be less need to draw back and limit or even abandon methods which at one time were so popular. It seems to me just now that the tendency is to impart a too large surgical element into the treatment of diseases of women and comparatively to neglect their medical side. I am especially anxious to point out that, although a just equilibrium will no doubt be attained as to what is right and proper, so far as operations are concerned, by the usual process of evolution, a too reckless attempt at progress not only impairs the reputation of gynæcology, but the experience and recognition of faults must be gained at the expense of much suffering to many patients—patients of the gentler sex, on whom no man with a spark of chivalrous feeling would desire to inflict unnecessary pain. They are absolutely at the mercy of the medical man, and submit in blind faith to what he recommends as the best to be done under the cir-

cumstances. It should never for a moment be lost sight of that the profession exists for the good of the public, not the public for the profession. The spirit of true ethics teaches that we nust consider first and foremost the welfare of the patient, and secondly the credit of surgery. The great field of patients is not a forest or a prairie, where the credit is the greater to him who is the most daring or who brings the largest number of trophies in the way of operations. The records of 1,000 operations have no intrinsic value unless they are accompanied by proof that the operations were absolutely needful, and the fact that recoveries took place does not necessarily justify them. The first instinct should be to try if an operation can be avoided, not to seek reasons for performing it. I am sure the main object of those who devote themselves to surgical work is a desire to do good; but a great temptation exists to build up a reputation by publishing extensive statistics of operations, and, were it unduly yielded to, would really amount to a sort of gambling —only in this case the counters would be the lives and liberties of human beings. We need to be especially on our guard in gynæcology, as unfortunately this department of practice affords an excellent field for the charlatan, who may pretend to cure incurable complaints or persuade helpless patients to submit to unnecessary operations, all for large fees. Such proceedings are sure to be exposed in the end, and are repudiated by all right-minded practitioners.

"It is an accepted canon of our profession that neither the promptings of ambition nor the desire for rewards should be allowed a preponderating influence in determining the propriety of performing an operation. Nor should the urgent wishes of a patient be allowed to outweigh the counsels of prudence against it. Caution in this respect is the more necessary because there are always discontented women who magnify their sufferings, and some neurotic patients will submit to any martyrdom for the sake of evoking sympathy. They much prefer an active and energetic doctor, however unwise, to one who knows his pathology, and in that knowledge is content quietly to wait. As an extreme example of what neurotic women will endure and even crave for in the way of operation I may mention the case of a woman who suffered several successive amputations, beginning with the finger and ending with the removal of the shoulder joint, for injuries which were self-inflicted.

"It may be laid down as an axiom that serious and dangerous ailments justify serious remedies, and that even grave incapacitating complaints like fistula, etc., may claim the active intervention of the surgeon.

"Cancer for instance, is a grave and fatal malady, and may in truth demand capital remedies. On this subject we shall have the advantage of a discussion in this Section raised by so competent an authority as Mr. Knowsley Thornton. Here there is no question likely to be raised of expediency or justification, always supposing there is a reasonable chance of cure, or at least of immunity from return for a considerable time afterwards.

"It is quite a different matter to submit poor women to capital operations for small or large uterine fibroids without symptoms, or symptoms not of an urgent character, to open the abdomen for the cure of uterine displacements attended only by discomfort, or to remove the ovaries for indefinite nerve pains or other subjective symptoms. In my opinion such proceedings are absolutely unjustifiable.

"In speaking of operations on uterine fibroids I specially guard myself as objecting to those performed on tumours without grave symptoms and which may possibly have been detected by accident. Fibroids are very common, and in the majority of instances no more affect the well-being of a woman than the knot in the trunk of a tree affect the tree. Even when large they may produce no more inconvenience than can be borne with average patience. When in the United States I learned that few coloured women are without them. They were described as like the tubers of a potatoe, bound to shoot out, and the subjects of them generally performed all the duties and functions of life without much hindrance. I am constrained, nevertheless, to say there are exceptions to this general rule. I have heard it affirmed that a uterine fibroid never killed a woman. This may in a sense be true, but nevertheless I have seen poor women so reduced by hæmorrhage or so suffering in other ways from them that in their cases I should look with much less disfavour on any surgical interference which promised relief with even comparative safety."

Sir WILLIAM then alluded to the duty of the surgeon carefully to weigh the *pros* and *cons* of an operation, the anxiety of a patient and her friends, the probable pain and prostration after its performance, and the expense involved. Remarking on the argument frequently urged, that an operation is often the quickest and most economical way of ending an ailment otherwise tedious, he said, "I doubt the ethical morality of performing an operation which may entail the loss of life or permanent mutilation for the mere economy of time, or to suit convenience."

He then quoted a very severe critique of the lately deceased M. VERNEUIL, who concluded by saying, "I am willing to believe that the intentions are the purest, and that the boundless love of humanity is the sole factor of these pioneers of surgery, but I do absolutely refuse to see in this sanguinary debauch the characters of a veritable therapeutic progress." While acknowledging that M. VERNEUIL'S picture was, so far as this country is concerned, over-drawn, he reminded the Association that "we have had, within the last twelve months, two hospital scandals arising out of over-operating," that, therefore, a warning note may not be unnecessary, and that "over-zeal in gynæcology is not so innocuous as the change in the fashions of medicines frequently introduced and then left on the hands of the hapless druggist."

In concluding this part of his address, Sir WILLIAM PRIESTLEY said:

"I venture to speak strongly on these matters, not because I am reactionary or opposed to real progress in our art; I render all honour to the pioneers of true progress, and every useful and proved innovation will always find in me an ardent supporter. As I now, in some sort from seniority, stand outside the circle of strife, I can calmly survey the whole horizon of work, and feel a desire to assist my *confrères* in attaining a judicial standard of what is right to be done, and what is best left undone, without all those violent fluctuations of opinion which have been before experienced. No progress can be made without a certain amount of imagination, as in other branches of science, and there must be some adventure allowed. I admire the man who, when the right occasion arises, can act promptly and courageously. It is the undue haste and disregard of consequences in pushing forward, which ought to be restrained, and the motto of all should be *Primo non nocere*—at least, do no harm."

While there is among surgeons who know nothing of homœopathy, only too much reason for the utterance of this "note of warning," it gives us pleasure to reflect that, among those who do know how to avail themselves of it, there is far less occasion for the caution. The resources of a *Materia Medica* based upon the pathogenetic action of drugs, utilised in prescribing by the principle of *similars*, enables the medicinal treatment of disease, of the class referred to by Sir WILLIAM PRIESTLEY to either bring about a cure or to provide such

a measure of relief for it as to render surgical interference unnecessary.

The remaining portion of this most important address was occupied with the discussion of a somewhat burning professional question, viz., the tendency in the present day of the obstetric physician to invade the domain of the surgeon in reference to what may be called external operations. Sir WILLIAM'S argument was intended to show that there should be here, as there is in Paris, a line of demarcation between obstetric medicine and operative gynæcology.

The address in surgery by Mr. JONATHAN HUTCHINSON, intensely interesting as it is, we can only mention, strongly advising its careful perusal in the pages of the *Lancet* or *British Medical Journal* by all our colleagues. Its lessons are many, and these not merely surgical but ethical in the highest and truest sense.

The address in medicine by Sir WILLIAM BROADBENT we shall discuss in a separate article. We only allude to it here as illustrating the value of that wide recognition of the meeting of the Association by the general press, over which the *Lancet* rejoices. Published in the *Times*, Sir WILLIAM BROADBENT'S studiously insolent reference to homœopathy, to those who treat disease homœopathically and to all who avail themselves of their services, demanded a reply, and received it from Dr. DYCE BROWN in the columns of the same paper, while Dr. SAMUEL WEST, by his paper on the value of *uranium nitrate* in the treatment of diabetes, read before the section in medicine, gave a striking illustration of the truth of homœopathy and of the readiness of those who professedly denounce homœopathy as "a cloak for ignorance," and as "an attraction for the more foolish and credulous of the old ladies of both sexes," to bring forward as something new, clinical facts testifying to the advantage of using medicines which but for homœopathy would never have been suspected of having the special therapeutic power which the experience of homœopathically practising physicians had shown that they possess.

The following letters appeared in the *Times* during August:—

"SIR WILLIAM BROADBENT AND HOMŒOPATHY.

"*To the Editor of the 'Times.'*

"SIR,—In your issue of to-day, in the report of Sir WILLIAM BROADBENT'S 'Address in Medicine' at the British Medical Association, I find the following. When speaking of therapeutics Sir WILLIAM is reported to have said:—'The human mind is so constituted that it demands reasons, and even our experience finds expression in theory. There is, however, no theory which is supposed to apply to pathological processes and therapeutical in general like the humoral doctrine of HIPPOCRATES and GALEN, the various intro-chemical and mechanical theories, the animism of STAHL; the stimulant, contra-stimulant, or organicist ways of accounting for everything—no theory of universal application. Yes! homœopathy still, like a belated ghost, haunts the dawn of scientific medicine, and men are still found who wear its doctrines as a cloak for ignorance, or flaunt them as an attraction for the more foolish and credulous of the old ladies of both sexes.' This 'cheap and nasty' sneer at homœopathy is really beneath notice nowadays, nor would I think it worth while to draw your attention to it, were it not that the public are very apt, and not unnaturally, to take as gospel, and as a definite settling of the question, such a sneering sentence as I have quoted, knowing, as one does, that ridicule is the powerful weapon resorted to in default of fact and argument. But when, Sir, you consider (1) that homœopathy alone of all other medical 'heresies' has lasted a century, instead of having died a natural death after a short existence; (2) that so far from being like a 'belated ghost, haunting the dawn of scientific medicine,' homœopathy is very much alive, and has resisted successfully all efforts to 'lay' it; (3) that, so steady is its influence on the old school, it is an open secret that many remedies of value, until the last few years unknown to the old school, and the very names of which used to provoke a smile, are now being largely adopted from the homœopathic pharmacopœia, and brought out as 'new' remedies, while only yesterday, in the section of medicine, a paper was brought forward by Dr. WEST on the treatment of diabetes by *uranium nitrate*. If such treatment is not a piece of pure homœopathy I should like to know what homœopathy means. About 40 years ago LECONTE discovered that this drug had the next to unique power of producing glycosuria. The fact, which has since then been repeatedly confirmed by other competent observers, was at once laid hold of by the Homœopathic School as an indication for its use as a remedy in diabetes, according to *similia similibus*. The anticipations of its value

have been over and over again realised by homœopaths, and though I arrived at the 'section' too late to hear the paper, Dr. WEST, no doubt, brought *uranium* forward as a 'new' remedy for diabetes. What could have suggested to Dr. WEST that *uranium nitrate* should be useful in diabetes, unless his knowledge of its use in homœopathic therapeutics, or in what way he would explain its virtues other than by the rule of similars, I am at a loss to understand. Coincidences do happen, but this is a remarkable one. And if it is a mere coincidence that a drug should have the almost unique power of developing sugar in the urine, and at the same time of curing or vastly ameliorating diabetes, I can only say that such 'coincidences' are found, on honest inquiry, to be so numerous—the rule, and not the exception—in drug action that they, by all logical rules, cease to be coincidences, and rise to be examples of a great law or principle. Perhaps Sir WILLIAM BROADBENT will inform Dr. WEST and the profession whether, in regard to his paper and 'new' treatment, he is assuming a 'cloak for ignorance' or is 'flaunting his doctrines as an attraction for the more foolish and credulous of the old ladies of both sexes.' (4) Not only is homœopathy steadily leavening the old school practice, but its healthy vigour, so unghostlike, is shown by the rebuilding of the New Homœopathic Hospital in Great Ormond Street, at a cost of £45,000, the interior arrangements in which are as perfect as modern science will permit, the existence of homœopathic hospitals at Liverpool, Birmingham, Bath, Plymouth and Bromley, and the existence of well on to 300 fully qualified practitioners of homœopathy in Great Britain. In America homœopathic hospitals exist by the hundred, while there are about 20 medical schools and over 12,000 practitioners.

In the face of such facts, and with the statement of Sir WILLIAM BROADBENT that we are only on 'the dawn of scientific medicine' in the year 1895 A.D., I certainly was rather astonished, as many others will be, to find him stooping to his sneering remark in which he revives the old and despicable charge of ignorance and dishonesty, or 'fools and knaves' as it used to be.

"I am, &c.,

"29, Seymour St., W., Aug. 1. "D. DYCE BROWN."

"*To the Editor of the 'Times.'*

"SIR,—Dr. DYCE BROWN takes advantage of a difference with Sir WILLIAM BROADBENT, as to the terms in which homœopathy ought to be described, to drag in my name and a paper I communicated to the British Medical Association

on the treatment of diabetes by *uranium nitrate*, in which he claims a sort of homœopathic monopoly for the drug.

"The remarks he makes about the history of *uranium* read as if they were taken direct from the abstract of my paper; and that entirely disposes of his supposition that I stated the remedy to be a new one. The work of which I gave an account deserves, at any rate, to be described as new, though I did not apply the word to it myself, in so far that no investigation of the kind is recorded in the literature of the subject. A few loose statements as to the use of *uranium* in diabetes are met with here and there, some of them possibly of homœopathic origin.

"Dr. Dyce Brown says that he is at a loss to understand how I am to explain the virtues of *uranium*, except by the rule of similars. I do suggest an explanation, as he would have found if he had heard the paper read, or had waited until it was published. At any rate, I do not explain the action of the remedy by the 'rule of similars.'

"'*Similia similibus.*' The rule of similars states an opinion, nothing more. It explains nothing, never did explain anything, and never can.

"I am, &c.,

"Samuel West.

"15, Wimpole St., W., Aug. 8."

"*To the Editor of the 'Times.'*

"Sir,—May I be permitted to reply to Dr. Samuel West's letter on the above subject in your issue of to-day? It is rather unusual to find a doctor complaining of his 'name and paper' being 'dragged in' to a question of great importance both to the medical profession and to the public, when, in reply to the unlooked-for sneer of Sir William Broadbent, involving a charge of ignorance and dishonesty, I quote Dr. West's paper on the treatment of diabetes by *uranium nitrate* as showing that in the section of medicine the use of a remedy which has been largely in use by the homœopathic school for many years, and which has the power at once of producing and curing, or at least wonderfully ameliorating, this disease, is advocated. But let that pass. Dr. West says that, in order to thus 'drag in' his name and paper, I 'take advantage of a difference with Sir William Broadbent as to the terms in which homœopathy ought to be described.' This is certainly an amusing way of describing Sir William's remarkable sentence. But let that pass also. Dr. West next says that I 'claim a sort of homœopathic monopoly for the drug.' He ought to know, if he does not, that for homœopaths

to claim a monopoly in any drug is absolutely foreign to—repugnant to—their views. He ought to know that our highest aim is to spread the truth of homœopathy and hasten the time, which is bound to come, when homœopathy will be the dominant practice. Our journals are circulated as widely as possible, lectures are given in homœopathic therapeutics, to which all practitioners and students are invited and welcomed, and our only complaint is that we can get so few to come and listen to them. Our hospitals are open to the visits of every medical man or student, and one of the greatest pleasures for the physicians and surgeons is to be able to teach all they can to those who visit the wards.

"I pass by the next not very courteous statement, that 'the remarks he (I) makes about the history of *uranium* read as if they were taken direct from the abstract of my paper,' further than to say that I saw no abstract of it till the day after I wrote my letter, and it is in the *British Medical Journal* of the 3rd, the organ of the association. All we are there told is that in Dr. WEST'S paper 'the value of *uranium nitrate* as a drug for the treatment of diabetes was considered with great care, and the conclusion arrived at that it is the most powerful drug we possess in this disease.' In the *Lancet* of the 10th (to-day) a summary of the paper occupies nearly two columns, and commences as follows :—'A short account was first given of the physiological action of *uranium, of which, however, little is known except that in poisonous doses it acts as an irritant poison, and ultimately produces albuminuria and also glycosuria. Diabetes having been selected as the disease in which to try the effect of the drug*' (the italics are mine), 'it was administered to a number of out-patients,' &c. Why, may I ask, was this disease of all others selected for trying the drug? An awkward question, perhaps, for Dr. WEST to answer. Then follow cases in which it was vastly beneficial. It is then added, 'Although *uranium* does not cure diabetes, it seems to have the power of controlling the secretion of sugar greater than is possessed by any other drug Dr. WEST is acquainted with.' Dr. WEST proceeds in his letter to say that 'this' (his remarks in his abstract) 'entirely disposes of his (my) supposition that I stated the remedy to be a new one.' It does nothing of the kind. I never supposed he would state that the *drug* was a new one, but that it is new as a *remedy for diabetes* in the old school. The two things are very different. And as, in the 'abstract,' no allusion is made to its having been used for ages in the homœopathic school, nor to the homœopathic literature on the subject, I again maintain that it was introduced as one of the many 'new' remedies lately adopted from us. Dr. West

goes on to say, 'The work of which I gave an account deserves, at any rate, to be described as new, though I did not apply the word to it myself, in so far that no investigation of the kind is recorded in the literature of the subject.' If for 'literature' he would say 'old school literature,' I would quite agree with him that his investigations and treatment are very new indeed. He adds 'a few loose statements as to the use of *uranium* in diabetes are met with here and there, some of them possibly of homœopathic origin.' I know only of one 'statement' of the kind in old school literature. It is a case reported in the *Lancet* of 1874* (I think the date is correct)

* The following is the report of the case referred to :—

WEST HAM, STRATFORD AND SOUTH ESSEX DISPENSARY.

Case of Diabetes Mellitus.

(Under the care of Mr. Kennedy.)

For the following notes we are indebted to Mr. R. J. Carey, House Surgeon.

"Mary G——, of Plashet, aged seventeen, who has never menstruated, came to the dispensary on January 14th, 1874. Though previously healthy, for the last six weeks she had gradually become weak and inert. Her skin was harsh and dry, and her appetite voracious. There was great constipation, thirst and polyuria. She is a nervous subject, but there is no history of a fright or change of diet. The urine (sent that day week) showed much sugar by Trommer's test. She was given fifteen drops of tincture of *perchloride of iron* three times a day and skim milk ordered. For the next fortnight she steadily got worse, and then the treatment was changed to ten drops of tincture of *opium*, and a week later fifteen drops three times a day, with *croton oil* pills. By this time she was so weak that she could not come to the dispensary herself. On February 18th a sixth of a grain of *nitrate of uranium* in water was given three times a day, and gradually raised to the third of a grain. A week later she was much better. The week following the bowels were regular, and the appetite and the quantity of urine no longer excessive, while on March 4th and for a fortnight after she had gone back to her usual diet, and felt nothing wrong with herself save some muscular weakness. From March 21st to April 8th she was not seen, but then she returned with a bad cold and out of sorts again. However, though she was weak and needed change of air, the bowels were regular, the appetite defective, polyuria not noticeable and the urine showed no sugar by Trommer's test or by the fermentation and specific gravity test.

"The following table shows the condition of the urine from March 11th :—

March 11th	...	sp. gr. 1038	... much sugar
„ 21st	...	„ 1021	... sugar—a trace
April 8th	...	„ 1025	... no sugar
„ 15th	...	„ 1024	... no sugar
„ 25th	...	„ 1025	... no sugar

"Many may doubt if the *nitrate of uranium* had anything to do with the patient's recovery, but, as some cases of rapid cure and many of permanent palliation of this disease by the use of this drug have been recorded, it is to be hoped that practitioners of large experience will properly test its value in cases of diabetes mellitus."—*Lancet*, June 13th, 74, p. 835.

by Mr. CAREY. With this one exception, I should be greatly obliged by Dr. West's informing me where any statements loose or otherwise regarding the treatment of diabetes by uranium are to be found except in homœopathic literature. Dr. WEST is perhaps not aware that among the 'loose' statements regarding the drug is a careful 'proving' by Dr. EDWARD BLAKE in the 'Hahnemann Materia Medica,' and in 1891, Dr. FRANÇOIS CARTIER of Paris, a homœopath, published a very elaborate treatise on the subject, embodying all, or nearly all, that is known on the action, physiological and therapeutical, of *uranium nitrate*; and in our journals he will find numerous cases of cure or marked amelioration of diabetes by this drug. Dr. WEST then says,—'Dr. DYCE BROWN says that he is at a loss to understand how I am to explain the virtues of *uranium*, except by the rule of similars. I do suggest an explanation, as he would have found if he had heard the paper read, or had waited until it was published.' This explanation I find at the end of the *Lancet* abstract—'It is suggested that its action may be due to its power of checking amylolytic digestion.' This is no more an explanation of its action than the famous one in Molière's comedy, where the explanation given of opium being a soporific is that it produces sleep, or than that of the late Dr. ANSTIE, when, in the *Practitioner*, he criticised Dr. Ringer's statement—till then new in the old school—that *ipecacuanha* in small doses will cure sickness and vomiting. Having heard this called homœopathy, Dr. ANSTIE says, 'This is not homœopathy, but shows that *ipecacuanha* has a tonic effect on the vaso-motor nerves of the stomach.' What are these 'explanations' but simply throwing dust in one's eyes? The essential point is, does this, or any other drug, cure or ameliorate in disease, symptoms which, in the healthy body, it produces? If it does, then we have an example of the rule, or law, of similars. This leads me to the last sentences in Dr. WEST's letter. He says, 'At any rate, I do not explain the action of the remedy by the "rule of similars."' Of course not, and I never expected he would. The process of evolution has not gone so far yet.

"'The rule of similars,' he goes on, 'states an opinion, nothing more. It explains nothing; never did explain anything, and never can.' The law of *similia similibus* does not state an 'opinion,' it states a fact, which is open to anyone to verify for himself, as Dr. WEST has done in the case of *uranium*. This fact is that all drugs have the power of producing in the healthy body symptoms similar to those they have the power to cure. Dr. WEST is quite right in saying that it explains nothing. Had he been more conversant with

homœopathic literature and teaching than he seems to be, he would have known that dozens of theories have been brought forward from HAHNEMANN downwards to explain the law of similars, and that at the present day even there is no unanimity among homœopaths as to which, if any of them, is the correct theory. But whether a theory is right or wrong it cannot alter the facts, and the axiomatic expression of those facts is well embodied in the phrase *similia similibus curantur*. Homœopaths, while only too glad to find that the remedies they have long used and trusted are steadily being adopted and thus steadily leavening old school practice, do growl, and with much reason, when, at the same time, the source from which the remedies have been taken is ignored, their literature and labours ignored also, and themselves alluded to in the terms Sir WILLIAM BROADBENT stooped to use in his 'Address in Medicine.' And I would again ask Dr. WEST why diabetes was 'selected,' as the *Lancet* abstract puts it, as the disease on which 'to try the effect of *uranium nitrate*.' Was the ballot-box used and diabetes the first disease drawn for the experiment? Or could it possibly be, after all, because Dr. West knew that the drug could produce in the healthy body the essential feature of the disease—glycosuria?

"Apologising for taking up so much of your valuable space,

"I am, &c.,

"D. DYCE BROWN.

"29, Seymour Street, W., Aug. 10."

"*To the Editor of the 'Times.'*

"Sir,—Dr. Dyce Brown's second letter is for the most part a mere repetition of his first, and to that I have already replied.

"He makes in his last contribution two admissions which are of some interest. In his first letter he stated that he had not heard my paper, and in his second he naively confesses that at the time of writing he had not even read the abstract. Yet he did not on that account refrain from criticising the paper which he had neither heard nor read. This admission gives a good measure of the value of his criticism.

"Again, in his first letter he states with an air of triumph that he is 'at a loss to understand in what way I can explain the virtues of the drug except by the rule of similars.' And in his second letter he admits that the law of similars explains nothing. On this point, then, there is no difference if opinion between us, for that is exactly what I stated. '*Similia similibus*, the rule of similars,' I wrote, 'explains nothing, never did explain anything, and never can.'

"In one point there is a serious defect in the information he volunteers as to the homœopathic use of the remedy. He makes no mention of the doses administered. I found that it was only when full doses were given that the effect of the drug was obtained. Doses of five, ten or even 20 grains can hardly be claimed as homœopathic. Infinitesimal doses used to be as much a cardinal doctrine of homœopathy as the rule of similars. Can it be a fact that this article of the homœopathic creed has been tacitly abandoned in theory also, as we have good reason for believing that it has long been in practice?

"I am, Sir, yours, &c.,

"SAMUEL WEST.

"15, Wimpole Street, Aug. 15."

The following reply to the last letter of Dr. WEST'S was sent to the Editor of the *Times*; but as that gentleman was unable to allow further space in the columns of his paper at the present time for the controversy on homœopathy, it did not appear:—

"*To the Editor of the 'Times.'*

"SIR,—The only point in Dr. WEST'S letter in your issue of to-day that requires notice is the last—that respecting the homœopathic dose, to which a reply may be expected from me. It is a pity that Dr. WEST, when he wants information regarding the doctrines, cardinal or other, of homœopathy, does not take the plan that would suggest itself to most people, to enquire at the authoritative sources, in our literature, or in personal conversation with those who practise homœopathy, instead of listening to statements which he 'has good reason to believe' from those whose bias is well known, and who know next to nothing of what they are talking about. Dr. WEST would then have known that the infinitesimal dose has not been abandoned, and never will be. The rule of the therapeutic dose is simply a corollary from the rule of similars, as it stands to reason and common sense, that if a disease is to be treated at all by a medicine which has the power to produce symptoms similar to the disease in question, the dose must be smaller than will aggravate. How much smaller is purely a question of experience, and varies with the patient's constitution, the disease, and the remedy. Infinitesimal doses are often found the most successful, and we could not practise successfully without them; while in other cases small, but tangible doses answer better. For myself, I generally use of *nitrate of uranium* from about the 300th of a grain to as much as the 50th of a

grain. In the case I referred to in my last letter, from the *Lancet* of 1874, the dose given was a sixth of a grain, and afterwards a third of a grain, under which the glycosuria entirely disappeared. If Dr. WEST finds he does better with 5 to 20 grains, let him use these doses, and if they cure, or markedly ameliorate, as they did, the dose is just as homœopathic as a more minute one. It is the choice of the medicine which makes the treatment homœopathic, and the dose of a drug selected on the rule of similars, if it cures and does not aggravate, is a homœopathic one, however large or small it may be. But I expect that as Dr. WEST has wider experience in the use of this treatment of diabetes he will find patients who are quite unable to take such doses as he gave, as a very uniform effect of full doses of *nitrate of uranium* is to produce inflammation of the pyloric end of the stomach and of the duodenum, going on to ulceration.

"I am, &c.,

"D. DYCE BROWN.

"29, Seymour Street, W., Aug. 16th."

This introduction of Dr. WEST'S, of *uranium nitrate* in diabetes, reminds us of the review in *The British and Foreign Medico-Chirurgical Review*, of Dr. CHARLES PHILLIPS' work on *Materia Medica*, the newer matter in which was described as "almost wholly taken from two sources—the later German researches and homœopathic literature." After noticing the former, the reviewer goes on to say, "As to the rest of this new matter it is neither more nor less than pure homœopathy." This precisely describes Dr. WEST'S use of *uranium nitrate*.

SIR WILLIAM BROADBENT AND HOMŒOPATHY.

AT the meeting upon the proceedings at which we have commented in the preceding article Sir WILLIAM BROADBENT delivered the *Address in Medicine*. It resembles many other similar addresses, and consists chiefly of the cold meat of former addresses and books on the history of medicine, served up hot with a very thin sauce of melted butter, so thin that it might be mistaken for milk and water. SIR WILLIAM is a disappointing man, therapeutically and psychologically. Within the last 20 years he has delivered three addresses on Therapeutics, of which the present one is the third. The first of these was the Presidential address at the Harveian Society in 1876, and is entitled *Ideal Medicine*. He begins by

saying that as the object of the Harveian Society is to advance medical science—

"He had been led to consider what it was to which medical science was advancing, and thus to enquire what ideal medicine would be." (*Brit. Med. Journal* report). He goes on to say:—"On what principles treatment would be conducted, opinions might differ. Some looked for a specific remedy for every disease; but enquiry in this direction Dr. BROADBENT considered to be vain, pointing out that the term specific was used in two senses, as an infallible remedy for a given disease, and again in effecting a cure by some peculiar action of the nature of an antidote. Against the idea of a specific mode of action he protested, saying that *quinine* was not a specific antidote to ague-poison, but that it cured ague in virtue of some relation between it and the system, in virtue of which also it brought down high temperature in other diseases. *Mercury*, again, was not an antidote to the syphilitic poison, but antagonistic to the peculiar form of inflammation set up by syphilis; and when the disease occurred in a constitution incapable of this form of inflammation, *mercury* was injurious, showing that its action was not on the poisoning, but on the morbid process. The treatment to which he looked forward would be based upon a knowledge of the deviations from the normal processes which constitute disease, and directed by a knowledge of the modifications which could be effected by remedial agents in normal and morbid actions in the recovery." Or as the report in the *Medical Times* has it, "the ideal of therapeutics which Dr. BROADBENT looked forward to is one in which the treatment will be directed by an exact and precise knowledge of the physiological and therapeutical action of remedies?" It goes on to say "That this knowledge will be obtained in course of time is very probable, nay, almost certain, and it is in this direction that a great amount of work by able and distinguished labourers is being done. Almost daily is some addition being made to our acquaintance with the action of remedies, and amongst the most valuable of these researches are those which are "in accord with, and give scientific explanations of the teachings of experience. . . There are very few cases in which the action of a remedy has been predicted from a scientific acquaintance with its physical and chemical properties. It is evident, therefore, that a vast deal still remains to be done before a scientific system of therapeutics can be formed, but it is this period that

Dr. BROADBENT anticipates. 'I look forward,' says he, 'beyond merely this knowledge of the action of remedies, I look forward to a time when we shall know not only what medicines will do, but how they do it; when, in fact, teachers of medicine, in speaking of a case to their students will not, in their appeal to the reason of the students, suddenly stop short when they come to treatment.' We explain a case to a student, we appeal to the facts of physical and chemical science just up to that point where treatment commences, and here, in very many cases, we fall back on simple experience. The reason of the student is no longer called upon to follow us; we expect him, on the strength of what we have previously taught him, to take, perhaps, our authority, or the accumulated experience which may find in us an exponent. I think that, sooner or later, we shall have therapeutics referred to the laws of physics and of chemistry." When that shall have been done, and done effectually, we shall reach an accurate knowledge of the action of remedies, and "shall be able to employ those remedies with much more confidence and with much greater effect, we shall be able to apply them in, so to speak, unknown cases—in cases new to our experience, from a knowledge of general principles; and in this way, I am sure, we shall approach, and ultimately attain, the ideal of medicine."

This read delightfully. It showed that here was a man who confessed himself utterly dissatisfied with the state of therapeutics, but, not despairing of ever finding a law in therapeutics, keenly looked forward to its discovery, realising the ideal of medicine, and that, moreover, the direction in which this law was to be sought was in the more accurate knowledge of drugs on the healthy body as well as in morbid states. And we hoped that, as this is the right and only direction in which to seek for the law, his eyes would open to see the truth of the great law of similars to which the study of drug action in the healthy must lead and invariably does lead an open mind. As the late Dr. BRISTOWE said, in speaking of this subject, that unless the homœopathic law of similars is admitted, all investigations on drug action in the healthy body, were useless. Sir W. BROADBENT'S second address was at Birmingham, at the meeting of the British Association, in 1890, fourteen years after the

former address. Had he advanced any further in 1890? We cannot see it. He seemed to be just *in statu quo*.

He said:—

"We must admit that the characteristic mark of the physician is the employment of drugs for the cure of disease, and it seems to me foolish to minimise the value of remedial agents of this class. We have no doubt whatever of the lethal power of the poisons. There is no question of the purgative action of certain substances; and if we cannot turn such properties to profitable account, it can only be from want of skill. To deprecate the use of drugs simply because our knowledge of their action is vague and imperfect, and because therefore we are liable to make mistakes, is to shirk our duty."

The burden of this address is that definite knowledge of the action of drugs is essential to the future of medicine.

He said he had "a confidence, which grows with his years, in the power we can exercise over the processes of disease, and an unwavering belief that therapeutics has laws which are discoverable; that these laws are correlated with the laws of chemistry and physics, and that sooner or later therapeutics will enter the circle of the sciences." He adds further on: "Some sciences are predominantly deductive—that is, from general principles called in mathematics axioms and postulates, an infinity of conclusions are reasoned out; others are essentially inductive—that is, individual facts and observations are collected and grouped until a generalisation is reached which applies to them all, and to all like phenomena. In proportion as science is perfected deduction and induction meet; there is a perfect agreement between the conclusions of reason and the teachings of experience."

Here we have the same state of mind as fourteen years before, the aspirations are excellent, belief in the future discovery of law in medicine is strong, but it has not advanced. His knowledge of the action of drugs is still vague and imperfect. There is surely something wrong. Starting at the right point, the study of drug action in the healthy body, as well as in disease, he seems to have taken a wrong turning in the road, for he ends where he began, and has entirely missed the sign-post which points to the end in view. And we cannot help saying that he has thus missed the goal by the simple process of shutting his eyes. The grand key to the relation between drug and diseases is offered to him—the relation of similars—but he will not look at it.

The third address, five years later, is the one we specially notice at present—that delivered last month in London. What advance has Sir WILLIAM made? Let us see. He tells us, in the beginning of his address, that the art of medicine has always been in advance of the science of it, and that soon, when medicine as a science has realised our highest aspirations, the end and aim will be art—that is, skill in the recognition and treatment of disease. The former proposition we demur to, while the latter we fully endorse. Treatment is, undoubtedly, the end to be looked to as the result of the science, and if the science does not lead directly to the art there must be something wrong, or some link in the scientific chain wanting, which vitiates or renders useless the scientific investigations. But although the lecturer stated that art in medicine has always been in advance of the science, he next admits that "it is true until science began to throw light on its path, the art of healing struggled blindly on its way, and its advances were intermittent and slow, with long intervals, in which there were stagnation and retrogression." And later on, Sir WILLIAM BROADBENT tells us that we are only now at "the dawn of scientific medicine." The inference is plain, that, in his mind, this blind struggle, this stagnation and retrogression, has been continuing to the present date. This is a pleasant admission for those who call themselves orthodox and "regular," despising those who have gone far ahead of them and who have discovered the greatest of all therapeutic laws. Were there a definite standard of belief in medicines, to which all doctrines could be referred, the question of orthodoxy or heresy could be settled easily; but for a man to state that we are in this year of grace, 1895, only at "the dawn of scientific medicine," and that to think there has been a constant "blind struggle," with periods of "stagnation and retrogression," and to content himself in his sketch of the history of medicine, with not a single notice of, except an insolent sneer at, that law in therapeutics enunciated by HAHNEMANN, which has completely revolutionised the art of medicine, and influenced old-school practice directly and indirectly to such an extent as it has, is simply astonishing in the annals of narrow-minded bigotry. Of HIPPOCRATES, Sir W. BROADBENT

says that his distinguishing merit was that he was "guided by observation and not by theory," and that "his theories were generalisations from observed facts, and not deductions from preconceived ideas or so-called first principles," and this tone of mind must ever make him "the model physician." This we fully endorse. One of the accurate observations of HIPPOCRATES was that "some diseases are cured by likes and some by opposites." And yet this acute observation, when developed, in as far as regards the cure by "likes" by the immortal HAHNEMANN, solely from his observations, Sir W. BROADBENT ignores. So much for his admiration and following of his "model physician." HAHNEMANN, as is well known, deduced his "law of similars" solely as the result of his observation of facts, those first observed by himself and on himself, and corroborated by a large collection of facts recorded in medical writings from HIPPOCRATES down to his own times. On these disjointed facts, the true meaning of which was unnoticed, HAHNEMANN threw the light of his genius, and pointed out the key to their interpretation, namely, his law of similars. Here is the greatest follower of HIPPOCRATES making use of the methods of this "model physician," and making *the greatest* discovery in medicine, absolutely ignored, excepting a sneer by the author of the "Address in Medicine" at the British Medical Association, and by one who, as we have shown, seemed to be almost on the point of seeing the gate to the right path in therapeutics. He praises GALEN as being "in spirit a follower of HIPPOCRATES," in basing his ideas of disease and of treatment on observation; and of SYDENHAM he says that he considered it the "business of the physician to co-operate with nature, and his art consisted in recognising the indications presented by the symptoms and the direction in which he must act in order to aid in restoring the normal equilibrium." And yet the lecturer, in the most remarkable way, discards the methods he so much admires and professes a desire to follow. He believes that the difficulty of getting therapeutics into a perfect state will be solved by an appeal to chemistry. And to show how likely this path is as leading to the goal, we must quote a passage which appears better calculated to bamboozle the reader than to give him any light, and which seems almost to put a bar to any further

advance in the direction indicated as probably the right one.

"As regards the remedies at our command, they are only too numerous. Recourse to a great variety of drugs is fatal to exact knowledge of their effects and to precision in their use, but new ones are added every day for the benefit chiefly of those who do not know how to employ the old ones. There have, however, been recent acquisitions of extreme value, heavily discounted, unfortunately, in the case of some by the mischief done through their indiscriminate use: the antiseptic group, the chloral, sulphonal group, the salicylates and salicine, the phenacetins and antipyrin class, coca and cocaine. What makes some of these, moreover, far more important and interesting is the fact that their physiological action has been inferred from their chemical constitution.

"A fact which brings practical therapeutics into near relation with physiology and pathology is that the active principles of all drugs are isolated, their chemical composition is ascertained, and their physiological action investigated. Pharmacology, in effect, has become a branch of experimental physiology, and the immediate effect of remedies is known with a completeness and accuracy heretofore undreamt of. All this is working towards a more intelligent employment of drugs, and leads towards the goal of all the efforts to bring therapeutics within the circle of the sciences. This goal is that we should know not only the effect of remedies, but how these effects are produced. This is in the last resort a question of chemistry. As I have said before, all vital actions are attended with molecular or chemical changes; are, from one point of view, chemical actions, and come under the laws of the correlation of force and conservation of energy; so, therefore, are the physiological and therapeutical action of drugs, and obviously the key to the latter is to be found in the chemistry of vital processes. Therapeutics, to become scientific, is only waiting for answers to the questions which she puts to chemistry. Why are *sodium salts* so much more abundant than *potassium salts* in the blood, and why are the former almost confined to the liquor sanguinis and the latter to the corpuscles? We must assume that albuminoid proteids have an affinity for *sodium*, and the globulins for *potassium*. With the answer to this is bound up the secret of the necessity of *sodium*, *potassium*, and *calcium salts* to anabolic and catabolic operations, in which they take no traceable part, and of the presence of iron in the blood corpuscles.

"Why, again, in the case of substances apparently so similar as *potassium* and *sodium salts* will the former, if injected into a vein, even in small quantity, paralyse the heart and

destroy life, while we see pints of normal saline solution thrown into the circulation with none but good results? How does *prussic acid*—the simplest in composition and constitution of all organic substances—prove fatal with such fearful promptitude by its presence in infinitesimal proportion in the blood? How again does *morphine* suspend the activity of the nerve centres? Chemists must admit that the poisonous effects of *prussic acid* and *morphine* can only be due to some molecular change in these substances; they know that if the deadly *cyanogen* is so tied up that its component atoms cannot fly apart it is innocuous, and that a very slight change in the chemical constitution of the *morphine* molecule entirely alters its effect; it is an almost irresistible inference from the doctrine of conservation of energy that the change in the molecule, say of the *morphine*, must be equal and opposite to the molecular change in the nerve cells which it arrests. It seems to me, therefore, that we have in the chemical constitution of the *morphine* molecule a clue to the character of the chemical change by which nerve action takes place and to the quantivalence of nerve energy."

These queries regarding the solution of vital phenomena and the relation of drugs to them, are certainly puzzling ones to answer. We are reminded of the man who, being asked a question which it was out of his power to answer, replied "Ask an easier one next time." We may some day have further light thrown on those marvellous puzzles of life and existence, but we venture to affirm that the solution Sir W. BROADBENT offers in his last sentence not only leaves one where one was before, but by its high-sounding words, which mean nothing tangible or practical, leaves one with the feeling that in that direction at least, progress is very unlikely, if not hopeless. The chemistry of the body is a marvellous study, but the body is absolutely different from a chemical laboratory, inasmuch as the element of life has to be taken into account, altering the whole condition of matters. Chemical therapeutics, as a system of treatment, have been tried over and over again, and has always ended in failure, and we believe always will do so.

Sir W. BROADBENT concludes this paragraph thus:—"I have said enough to show that the much despised therapeutics, with clinical observations, suggests and stimulates scientific investigation." Truly a tame and impotent conclusion. Those who are crying for bread

get only a stone. Lastly, Sir WILLIAM comes to look at "the views which guide the medical man at the present day in the employment of remedies." He tells us we are only as yet at "the dawn of scientific medicine." Nothing like being "'umble'" as URIAH HEEP has it. But "'umbleness" to the extent of saying it is only the dawn of the therapeutic day, when the sun of homœopathy has been shining for a century, is simply melancholy. It is the point of view of the blind man. But let us see what he says of the therapeutics of the present day.

"Of course, our individual guide is mainly personal experience and observation of their effects. But the human mind is so constituted that it demands reasons, and even our experience finds expression in theory. There is, however, no theory which is supposed to apply to pathological processes and therapeutical in general, like the humoral doctrine of Hippocrates and Galen, the various intro-chemical and mechanical theories, the animism of Stahl; the stimulant. contra-stimulant, or organicist ways of accounting for everything—no theory of universal application. Yes! Homœopathy still, like a belated ghost, haunts the dawn of scientific medicine, and men are still found who wear its doctrines as a cloak for ignorance, or flaunt them as an attraction for the more foolish and credulous of the old ladies of both sexes."

And this "cheap and nasty sneer" is the only notice of homœopathy in the whole address. Our indignation would incline us to give a more full comment than we now do on such a piece of insolence, but as it has already been taken up in a letter to the *Times*, which, with the correspondence that followed, appears in the previous article, we abstain from further remarks here. Sir WILLIAM goes on:

"But while our minds are not dominated by any *a priori* conception of a vital principle governing all vital operations, we must not flatter ourselves that we cannot be carried away by fashions in treatment. In our own day, under the influence of Todd, alcohol was largely accepted as the universal panacea, and for nearly a generation mercury was almost banished from the materia medica on theoretical grounds. The last twenty or thirty years have afforded us increased opportunities for the study of syphilitic diseases of the nervous system and of hereditary syphilis because of the abandonment of mercury in the treatment of the primary disease. And if we have no comprehensive theory of disease or treatment we have our small working hypotheses. To one man gout explains every-

thing, and the more hazy or inadequate his idea of what gout is the more satisfactory the explanation. Gout, moreover, is accepted by the public as accounting for everything. The permutations and combinations of which uric acid is capable, and its ingenuity in giving rise to the most varied forms of disease, are truly wonderful.

"To another man the clue to treatment is acidity, or bile, or disease of the liver.

"Names have still a great influence, and the lesson which Galen constantly enforced, that we must treat not the disease but the patient, is as necessary in our days as in his. It does not follow that because we call a pain rheumatic, the remedy is salicylate of soda.

"At one time the action of quinine was supposed to be explained by calling it an antiperiodic, and any tendency to periodicity in the recurrence of symptoms of whatever kind, or at whatever intervals, was considered to be an indication or its exhibition.

"It is inevitable that our imagination should be impressed by the revelation of the wonderful part which micro-organisms have been found to play in the genesis of disease, and that our thoughts should turn towards antisepsis in our treatment. So far, the greatest success has been in dealing with microbes outside the system, as in antiseptic surgery and preventive medicine, and further triumphs are to be hoped for in this direction, as, for example, in the prevention of tuberculosis. We have as yet little evidence of the power of antiseptics to follow and destroy the microbes when they have once got possession of the system. Quinine, however, kills the malarial plasmodium, and we have now the antitoxic serum. Apparently, too, one virus may be antagonistic to another, and an attack of small-pox has often seemed to cure phthisis. We must continue our efforts to apply antiseptic principles, but it is most important that we should not allow ourselves either to imagine that we have obtained effects which have not been realised, or to attribute results to antisepsis which may have come from other causes. It is not yet clear that any considerable impression has been made on the mortality from phthisis by guaiacol or creasote; and was not sulphuretted hydrogen, injected into the rectum, to deliver us from this scourge?

"It was inevitable, again, that we should be greatly struck by the remarkable power of lowering the temperature possessed by the antipyretic class of drugs. We seem to have within our reach the means of dealing with our most formidable enemy, and it is a great triumph to be able to point out to friends the effect of our remedy on the temperature chart,

especially when it has been accompanied by relief of headache and other symptoms. Here it is very important that we should maintain an attitude of cool observation, and not conclude that in bringing down the temperature we have necessarily exerted a favourable influence on the course of the disease. We may have been bringing down also the patient, and it is not so certain that Nature does not know her business when she sets up febrile reaction. I feel myself justified in re-echoing the warning given by Dr. Douglas Powell on this point."

If this is all that has to be said, it is no wonder that Sir W. BROADBENT considers we are only on "the dawn of scientific medicine." And has he advanced one bit since 19 years ago he delivered the address we have already noticed? We cannot see that he has. He is still blindly groping in the dark for the right path. But the darkness is of his own making. The light of the therapeutic sun is shining brightly, pointing out the only true path in therapeutics, namely, HAHNEMANN'S immortal law of similars, and he persists in shutting his eyes and saying it is only commencing dawn! Until the truth of homœopathy is seen, acknowledged as truth, and acted upon—an event which is bound to come—there will still be the same "blind struggle," the "stagnation and retrogression," the "fashions" in medicine, that like all fashions become obsolete. Then and then alone will medicine be placed on its true and, therefore, sound basis. And talking of the stagnation and fashions in medicine, we should like to ask what will be thought 20 years hence, as a leader in the *Times* very pertinently asks, of the therapeutics of the present year, so dogmatic and "high-falutin," and of Sir W. BROADBENT'S insolent sneer and otherwise ignoring of homœopathy in an *Address in Medicine* before the largest Corporate Medical Association in the kingdom?

This question must occur to everyone when we find Sir J. RUSSELL REYNOLDS, the President, and President of the College of Physicians, in his presidential address saying, when comparing the present practice with that of only twenty years ago, "There was plenty of assertion and show of knowledge in the past, but even the teachers did not believe the half of what they taught, nor comprehend the half of their sage pronouncings." This assertion and show of knowledge, this same unbelief in therapeutic teachings, this same want of

comprehension of their sage pronouncings, exists at the present day, as witness the passage we have given from Sir W. BROADBENT'S address, and the solution he offers of the chemical and therapeutic relation between drugs and disease. What will be the verdict twenty years hence? We sincerely trust that SIR WILLIAM will live to see that day, when perhaps he will not look back with pride on his pronouncements in 1895. But if homœopathy is the "belated ghost" that Sir W. BROADBENT states it to be, how comes it that in the "Section of Medicine" of the British Medical Association, we find Dr. SAMUEL WEST reading a paper on the treatment of diabetes by *nitrate of uranium*?

To any one unacquainted with homœopathy, as a guiding rule in the selection of a remedy, there is no reason that one can divine why this drug should have been chosen for the treatment of diabetes. The only known relation that one has to the other is that the drug can and does produce in the healthy body the essential feature of diabetes, namely glycosuria. And yet here is a remedy which has been for years in use in homœopathic practice, and with signal success, adopted and brought out by Dr. WEST as a "new" remedy in diabetes, at the British Medical Association, with no acknowledgment of the homœopathic sources of his information or of the fact that it has been in use for years in our school, but stated by him to be the most powerful drug "we" possess in the treatment of this disease. We abstain here from saying more on this point, as it is fully gone into in our previous article, and in the *Times* correspondence already alluded to. But it afforded an excellent illustration of the present tactics of "our friends, the enemy." They know in their heart of hearts that we are in the right, and that homœopathy *is* true, but they dare not at present say so, and so they quietly absorb one after another of our medicines, bring them out as "new," carefully avoiding any hint of the homœopathic sources of their information, and trust to the general ignorance of homœopathy and homœopathic literature which prevails in the old-school, not to be found out till the "new" remedy has made a recognised place for itself. Then they can state that it is not homœopathic, but was introduced by "So and So," and used on his recommendation. These pusillanimous tactics are successful so far, as the old-school

practice becomes gradually but steadily leavened by homœopathy, and in due time practitioners will find at what they have been driving, and when they are candid, they will discover that by acting on "So and So's" advice, they have been, unwittingly, practising homœopathy. They will then be prepared to carry their studies further, and thus by degrees, but none the less surely, homœopathy will become the dominant practice.

TWO CASES OF CHRONIC ALBUMINURIA OF LONG STANDING.

By J. Galley Blackley, M.B., Lond.

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The most striking feature of the two following cases will undoubtedly be found in the mere length of time during which albuminuria has been known to exist (twenty-three and twelve years respectively), and this without any very serious disturbance of the general health. Over and above this, however, they both present some points of unusual interest which deserve to be placed upon record,

Case I.—*Chronic nephritis, probably gonorrhœal, of twenty three years' standing.*

Mr. X., gentleman, formerly a cavalry officer, aged 50, of sanguine temperament and powerful build, consulted me first in July, 1892, for chronic prostatitis and albuminuria, for which he had been treated at intervals for more than twenty years. The account he gave of himself was that from the age of eighteen he had been a very free liver, and had had gonorrhœa many times, one result of this being a stricture, for which he had been in the habit of introducing a No. 6 flexible bougie. At twenty he had a chancre, followed by secondaries, but was carefully and steadily treated, for the last time as lately as 1893 (by mercurials) by a well-known medical baronet. Since this time he had had little or no reminder of it. More recently he had been under Sir G. J. and a well-known oculist for the albuminuria and certain ocular symptoms. Altogether he had been under medical treatment, with trifling intermissions, for more than twenty years, and had been accustomed to test his own urine from time to time. He stated

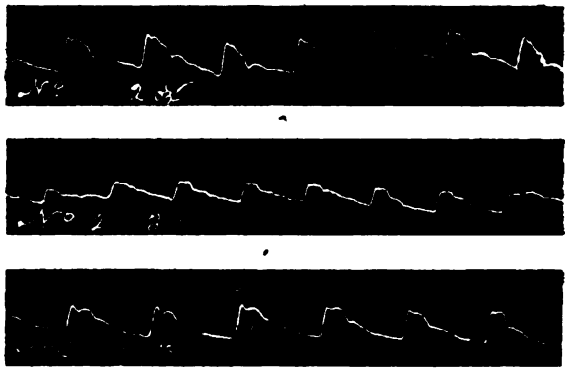
that for years past the quantity had averaged from four to five pints daily; the specific gravity ranging from 1010 to 1015, and the amount of albumen, after acidulating with *acetic acid* and boiling, from $\frac{1}{20}$ to $\frac{1}{10}$ of the height of the column. The patient stated that he had always been a thirsty subject and drank water freely. With meals he usually took light Rhine wine.

During the many times I have seen the patient both quantity and specific gravity have remained wonderfully uniform—four to five pints, with a specific gravity ranging as above. I have found a few pus corpuscles at times, and very occasionally a few granular casts and some epithelial debris. The urine diluted to 1-10th and tested with concentrated nitric acid always shows a strong ring after a lapse of two minutes, and tested with the Esbach albuminometer yields from 0.3 to 0.5 grammes per litre. It has varied but little in this respect with the exception of last spring, when, after an attack of influenza followed by gout, the proportion was somewhat increased.

Of symptoms elicited from the patient and observed by myself from time to time, the list is comprehensive and characteristic, and may well be given in some detail:—

1. Failure of memory.
2. Increased susceptibility to the action of alcohol.
3. Temporal arteries show very plainly.
4. Suffers much from headache (not unilateral).
5. Buzzing in ears.
6. No epistaxis.
7. Fundus oculi shows irregular pigmentation, but not the characteristic patches of *retinitis albuminurica*.
8. Pulse usually poor and compressible; not always very characteristic to finger or sphygmograph. (The annexed tracings were taken at intervals of about twelve months in the order of numeration.)
9. Heart's action slightly irregular in force and rhythm; apex beat $\frac{1}{2}$ inch outside nipple line; no reduplication. Violent palpitations, and dyspnœa at times. Distension and palpitation after meals, relieved by getting rid of flatus.
10. Sensibility to cold, much increased of late years. Ten years ago suffered much from "dying off" of fingers.

General pruritus from time to time. Dryness of skin with scurfiness of scalp and general tendency to falling out of hair all over body.



11. Lumbar pains. Cramps in calves.

12. Polyuria very marked; ordinary quantity from four to five pints. (Is a very thirsty subject.) Urine always limpid and low in specific gravity.

13. Frequent and painful erections in the early morning with considerable loss of sexual power.

14. Has had several slight attacks of articular gout since the age of forty.

The treatment in this case was first directed towards relief of the various prostatic symptoms, and this was slowly accomplished by steady perseverance with *aconite* and *pulsatilla*, followed by *cantharis*, the course extending over many months. Being desirous of covering at the same time as many of the neurasthenic symptoms as possible (symptoms 1, 2, 4, 5 and 8), I next gave the patient a course of *picric acid* with the happiest effects. At the end of three months he expressed himself as sleeping and feeling better than for many years. The erections troubled him comparatively little, and that not until five or six in the morning, and were relieved by emptying the bladder. The albuminuria next claimed attention, and for this the patient persevered steadily with *plumb. carb.* for several months, the course being interrupted for a few weeks during a smart attack of gout.

In the spring of 1894 the treatment was interrupted by attacks of flatulent distension and palpitation, at times

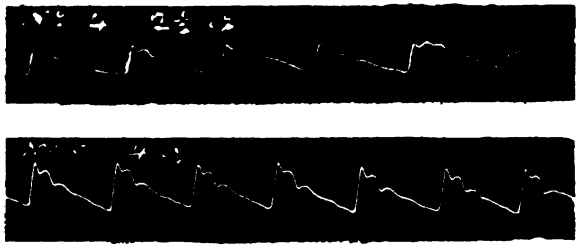
very severe; these were controlled by *carbo. anim.* and *amyl nitrite*. *Plumbum* and *arsenicum* were then given in alternation, each for a few weeks at a time. As the albuminuria remained in *statu quo* and the patient's general health remained fairly good, we decided after the attack of gout last spring to leave off all medicine for a time. So far no increase of albuminuria has occurred, and the general condition remains satisfactory.

CASE II.—*Intermittent albuminuria of twelve years' standing following upon an attack of acute nephritis.*

Mr. Y——, accountant, aged 50, of sanguine temperament and robust appearance, first consulted me in the spring of 1893 for a troublesome pruritus of the forehead and scalp. He described his occupation as sedentary and necessitating close application. Questioned as to his family and personal history, he had no knowledge of the existence of gout or skin troubles in his family on either side. Stated that he was an only child and was distinctly rachitic until seven years of age. He had always been accustomed to perspire very freely. In 1883 had an attack of acute nephritis brought on by chill, and made a good but evidently incomplete recovery, for he had been troubled ever since with slight intermmittent albuminuria. He had used the Turkish bath steadily for a while, but finding he always felt pulled down by it discontinued its use. With the exception of some slight threatenings of articular gout and the recurrent albuminuria, his general health had remained good. He had had the urine carefully examined from time to time with the result that the presence of albumen was found to be markedly intermittent, the intervals extending at times over many weeks. The albumen when present had been recorded as "traces" or "good trace." The pruritus for which he consulted me had come on suddenly in the early spring of 1893, after living on fish for two or three consecutive days (since he became aware of the condition of the urine he had been accustomed to live largely on fish, vegetables and fruit).

The pruritus, which was confined to the skin of the forehead and scalp, disappeared during the day, but came on regularly each evening after dinner. During the months of May, June, July and August, 1893, when the patient was under close observation, the average daily

excretion was 40 ozs., the reaction not over-acid, the specific gravity rather high (the weather being very hot), and albumen uniformly present usually as "a good trace," and on one occasion as much as 0.3 grammes per litre. No sugar was found, and during these four months no casts could be discovered. Tracing taken from the left radial (No. 4) was distinctly of the high tension type, although the maximum of effect was obtained with a pressure of 2½ ounces only. The area



of cardiac dulness was slightly increased, and there was some accentuation of the second sound in the mitral area, but no *bruit de galop*. The subjective symptoms noted by the patient from time to time were:—

1. Lassitude, restlessness and irritability.
2. Abnormal sensitiveness to cold.
3. Local asphyxia of fingers (*doigt mort* of French writers).
4. Irritation of skin (always confined to the head).
5. Violent palpitation and dyspnœa, usually relieved by sweating.

At no time had there been either visual troubles or epistaxis.

No very decided effects being evident from either of the medicines prescribed (*plumbum carb.* and *arsenicum*) I sent the patient at the end of August to Royat, where, under the supervision of Dr. Villany, he went through a three weeks' (internal) course of the arsenical waters. So far as the pruritus was concerned, the result was not encouraging and the urine remained *in statu quo*, but the patient determined to keep up the use of the water at home. This he has taken from time to time until now, with the result that the quantity has remained normal winter and summer, and albumen as before, intermit-

tent. This spring he had a severe attack of influenza, which confined him to the house for ten days. During this time the urine was examined daily, and the amount of albumen was found to be much increased although no casts were found. No alleviation of the troublesome pruritus was experienced until this summer, when he left off the use of wine; *post hoc* he has had no return of the pruritus. Under the intermittent use of the arsenical water the *status presens* is:—

1. Urine in quantity and specific gravity fairly normal (certainly there is no polyuria), acidity rather pronounced. On diluting to one tenth and testing with concentrated *nitric acid* a very faint ring shows itself at the line of junction of the two liquids after a lapse of two minutes, and the quantity estimated by Esbach's albuminometer shews 0.33 grammes per litre. On adding *methyl violet* and allowing the urine to settle for twelve hours, a very few hyaline casts are seen, one or two at most in each field.

2. Cardiac symptoms still the same, palpitations and dyspnœa followed by sweating being at times troublesome. Pulse bears pressure of 4 oz. but otherwise not so characteristic (*vide* tracing No. 5).

3. Sensitiveness to cold still the same.

Remarks.—Both these patients bear the stamp of being the subjects of contracted kidney in different degrees; I say advisedly contracted, and not contracting, for I believe the disease to be stationary in both cases. In the first case the initial nephritis was most probably gonorrhœal, but may have been syphilitic or, what is more likely, the result of the mercurial treatment to which he was in all probability originally subjected. In any case the uniform absence of casts and the comparative well-being of the patient lead one to think that the trouble has been confined to isolated patches of the kidney (parcellary nephritis of Lecorché and Talamon) which have subsequently undergone atrophic changes, remaining pervious to *albumen*, and giving rise to various circulatory symptoms compatible with a mild degree of contracted kidney. Repeated attacks of gout in a patient in such a condition can hardly be looked upon with equanimity, but will probably do little harm so long as the joints are affected. With reasonable care in the matter of exposure, diet, and the use of alcohol, there appears

to be no reason, *quoad* the kidneys, why such a patient should not die of old age.

In the second case, the character of the symptoms and their non-amenability to careful treatment cause me to look upon the condition of the kidney as substantially the same, but in a milder degree. The attack of idiopathic nephritis has caused shrinkage of the kidney in isolated spots, giving rise to slight (and *intermittent*) albuminuria and its concomitant pulse changes. Here again gout may have an important bearing upon the future of the patient.

NOTE ON ABDOMINAL PAPILLOMATA.

By George Burford, M.B.

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The contribution of Dr. Ord* to the homœopathic literature of this subject is unique in its rarity and value, and in the purely English work in this section it has no analogue. Whilst the accuracy of most therapeutic work in this sphere is necessarily limited by the limitations of differential diagnosis, in the present instance there was the advantage of the establishment of diagnosis during life. And we have a striking object lesson in the resources of the scientific therapeutist as controlling this disease process, and an equally striking commentary, afforded by the lethal issue, on the necessity for a multiplicity of remedies as adjusted to the multiplicity of phases of this and similar chronic lesions.

Three factors of specific interest occur in the citation of Dr. Ord's case; the parasitism and easy dissemination of these papillary growths; their ready transition (*übergang* is the technical German) into proliferating masses of a malignant type; and finally the adjustment of homœopathic treatment to the lesion, an adjustment which, because founded on pathological data, must be as many sided as the pathological phases, concomitant or consequent, may require.

Since the classical researches of Doran, little has been added by succeeding pathologists to our knowledge of the mode of growth of abdominal papillomata. They always commence in some of the structures contained in the broad ligament, they usually arise from the tissue

* *Monthly Homœopathic Review*, August, 1895.

of the hilum of the ovary, and nearly always from the vestigial structures known as the Wolffian tubules. In such a tubule papillary growths commence and increase with a rapidity that is unique; surrounded with bland fluid, a thin walled cyst arises, and in this, where the growths are most luxuriant, the cyst wall is necessarily undermined. Sooner or later this attenuated structure gives way, unable longer to support the weight of these dendritic growths, and immediate access to the peritoneum is thus gained, into which detached papillomata float, attaching themselves to any part of the serous surface in juxtaposition. Here they take root, and from several different areas increase and multiply until the whole of the serous surface is covered with these vascular growths, and the whole serous sac distended with the copious non-albuminous fluid that accompanies them.

Pathology, however, failed to elucidate or even indicate a vital point in the natural history of these lesions, and one which it was reserved for the clinician, entirely on the basis of clinical observation, to discover and set forth. Even when the peritoneum was found literally sown with disseminated small cysts of papillomatous origin, removal of the larger parent cysts was frequently followed by a spontaneous disappearance of the peritoneal infection, and a complete and permanent *restitutio in integrum*. In other words, removal of a part was sufficient to effect the ultimate disappearance of the whole. On the other hand, the same conditions in other cases were susceptible of no ameliorative influence, and operation was useless in checking the onward progress of the lesion, now charged with every clinical symptom of malignancy.

We have here the curious fact of forms of papillomatous disease, identical in point of pathological character, now following the course of simple, benignant lesion, and succumbing to the absorptive forces of the organism, and now proving recalcitrant to all curative methods, following the well known course of malignant bodily growths. Pathology tells us nothing of this great clinical division into malignant and non-malignant forms, into curable and incurable varieties—a differentiation only to be effected by curative methods. And well-reported cases like this of Dr. Ord's demonstrate that the transition

from simple to malignant may occur in successive stages in the same patient. We have no change in pathological type; but we have a marked and obvious alteration in clinical course, and the occurrence of mixed types, not simple throughout nor malignant throughout, indicates, as in this case, that the dividing line between these is easily passed, given the impact of forces known from other observations to predispose to malignant disease. The incidence of these malignant forces Dr. Ord's succinct narrative further duly sets forth.

Head and front of the special factors of interest in this case is the record of the homœopathic treatment thereof, a record whose ultimate success was only barred by the secondary alterations of the lesion under treatment. That the remedies employed (*kali bich.* and *thuja*) were not finally adequate to the cure corresponds to the late introduction of a new clinical factor, not included in the sphere of action of *thuja* and *kali bich.* The cessation of these remedies to actively influence the abdominal neoplasms is to be correlated in point of time with the *übergang* from a simple to a malignant form. In the earlier history of the case the proper selection of remedies was evidenced by the marked retrocession of the growths for some time while under their influence. The list of drugs homœopathic to the condition is not exhausted in *thuja* and *kali bich.*, for in *nitric acid*, and probably in *sanguinaria*, we have remedies quite as germane to papillary growths as is the *bichromate of potassium.*

The adjustment of the selection of remedies to pathological conditions in the case of internal lesions, is peculiarly liable to disturbance and miscalculation, owing to the impossibility of discerning secondary changes and degenerations until these latter became in their turn the substantive lesions. True, these changes may often be anticipated; but this in many cases implies a refinement in pathological diagnosis possible only to the expert. This difficulty has been felt in the case of classification merely, by clinical authorities, and Dr. Ord's brilliant *excursus* shows that these difficulties are none the less where treatment is the object desired, than when diagnosis is the sole expected issue. We are thus, in the majority of cases, still thrust back upon the *tout ensemble* of clinical symptoms, as the predominant factor in prescribing; for pathological science is not yet so

developed, nor curative processes yet so exactly studied, as to allow of the ready institution of the latter, guided by the light derived solely from the former.

The ampler my experience becomes, the more assured I am that the personal equation is often an effective bar to the elimination of new growths by therapeutic measures. I include under the term "personal equation" the idiosyncrasy or temperament or diathesis of the individual, as well as other hereditary taint, or that of acquired disease. I am inclined to believe that some of these, notably the uric acid diathesis, are playing increasingly important parts in current pathological phenomena; and, as our knowledge widens, occult disease tendencies will require equal consideration with obvious disease manifestations.

Our colleagues of the West of England Therapeutical Society are to be congratulated on having so important a contribution to their Transactions; and, taking this as a sample of their work, on the high standard their scientific discussions maintain.

THE TREATMENT OF INFLUENZA.*

By Richard Hughes, M.D.

The repeated onslaughts which influenza has made upon us here in England during the last few years, and the full measure in which America seems to have shared in the common calamity, make the subject of its treatment a suitable one for an English writer to bring before an American gathering. The following remarks must be regarded simply as introductory to the discussion which I doubt not will follow upon them.

And first I must enter a brotherly remonstrance against the designation by which this epidemic has come to be known on the western side of the Atlantic. Why should a new foreign term like "la grippe" be employed to name it, while "influenza"—though Italian in origin—has been naturalised among all the English-speaking peoples for more than a hundred years past? The French term, moreover, is inappropriate in itself; it

* Reprinted from *The Southern Journal of Homœopathy*, and presented at the Annual Meeting of the Alabama and Tennessee State Societies.

implies a suffocative feature in the laryngeal or bronchial complication of the malady which is not at all frequent, and it is habitually employed for the endemic winter catarrh of Paris. It is only in the present epidemic that it has found its way into American usage (Marcy and Hunt, for instance, in their "Theory and Practice" of 1865, calling the disease "influenza" simply, as we do here); and I hope it will hereafter be dropped.

From the name let us turn to the thing. Influenza used to be defined as "epidemic catarrhal fever," and the description is a very good one. The malady is one not constantly present, but occurring as it were in paroxysms. It is, primarily and essentially, a fever; and its most marked and frequent local complication is catarrh of some part of the respiratory tract.

It is to the second of these statements that I would begin by directing attention. The influenzal pyrexia is a primary one, as essential as that of measles and typhoid. It is not symptomatic of a local inflammation; nor is it a mere disturbance of heat-formation and heat-loss such as a chill can produce. It may unquestionably be communicated from person to person (though I doubt whether this is its invariable, or even its ordinary mode of propagation); and, with whatever individual difference, it "breeds true," producing its like and nothing else. It must thus be no longer classed among the diseases of the respiratory organs, but must take rank as a specific infectious fever. And this is no matter of nosology only. The kind of remedies we employ for the latter group of maladies differs from those suitable for the former; we shall think less readily of *aconite* and *arsenicum*, and more so of *gelsemium*, *belladonna* and *baptisia*.

In influenza, then, we have a specific fever to treat, and sometimes this and this only. According to the form it assumes we should administer one or other of our well tried anti-pyretics—*aconite*, *gelsemium*, *belladonna* or *baptisia*.

(*a*). *Aconite* is, as I have said, less suitable in such a fever than in one resulting from cold; nevertheless, when it is indicated by the symptoms it will do good service, as it does, for instance, in measles. The sthenic character of the pyrexia, the fulness with quickness of the pulse and the presence of thirst,

restlessness and distress, are the well known indications for it, and may be trustfully followed. This only must be said, that it is not to be expected of *aconite* that it shall act here as it does in a fever from a chill, breaking it up in a few hours. We have a blood affection to deal with, which will have a certain course; and as in measles, we must give the remedy persistently for two or three days, awaiting the resolution of the pyrexia, which, however, it is all the while moderating and soothing.

(*b*). *Gelsemium* takes the place of *aconite* when the fever is less sthenic and chills mingle frequently with the heat; when the pulse, though it may be full, is less tense and rapid; when there is little thirst; and when the patient's general condition is one rather of torpor and apathy.

(*c*). *Belladonna*, standing at the head of our remedies for the infectious fevers, plays its part well here when the symptoms demand it. These include a pulse smaller but even more rapid than that of *aconite*, and a dry hot skin; but they are chiefly to be found in the head and tongue. Dryness of the latter, heat and pain (with flushed face) of the former call unmistakably for it; and when they are present we need hardly look farther for our remedy.

(*d*). *Baptisia*, coming here crowned with its laurels in the "gastric" type of continued fever, just fills the vacant niche when such symptoms characterise the influenzal pyrexia. A gastro-intestinal form of the disorder was noted by the earlier observers, and has recurred in the present epidemic, as may be seen in the article upon influenza in the new edition of Quain's *Dictionary of Medicine*. When the tongue is thickly coated; when there is nausea and vomiting; and when the stools tend to be diarrhœic—especially if also fœtid, *baptisia*, already suited to the pyrexia, becomes so to the whole condition, and will change it for the better more rapidly than any other medicine.

The homœopathicity of the above indications I have thought it unnecessary to argue; it is pretty obvious. They are given, however, from experience, and I can vouch for them practically. It has seemed to me that when they led me to *gelsemium*, *belladonna* or *baptisia*, the response to the remedy was more prompt and

decided than when *aconite* was called for. That is the only reservation I would make about their efficacy as a whole. I have always, I should say, given these drugs in the lowest (1x and 2x) dilutions.

In the steady use of the suitable antipyretic, with proper nursing and dieting, the treatment of influenza mainly consists. I must say something, however, as regards its local manifestations, occasional complications and sequelæ.

1. More or less pain of rheumatoid character, in head, back and limbs, nearly always accompanies the influenzal fever. When *belladonna* is indicated for the latter, it is sufficient for the headache, and when *gelsemium* or *baptisia* is given they are so suitable for the general pains that it is hardly necessary to think of any other medicine. In *aconite* cases, however, and where the local distress is unusually severe, I have found *bryonia* very helpful to the head and *eupatorium perfoliatum* to the back and limbs.

2. The catarrh of influenza is sometimes sufficiently severe to demand an intercurrent remedy. When it is a simple coryza, *euphrasia* if the discharge is bland, *arsenicum* if it is acrid, have served me well in the first, fluent stage; and *pulsatilla* after it has become thick and opaque. When the catarrh is laryngo-tracheal, and shown mainly by a cough, *spongia* I have found the most trustworthy drug to be quick. *Rumex* and *sticta* have hardly sustained their previous credit in my estimation when the cough which seemed to indicate them was of influenzal origin; and when this lingers on after the fever is over, and the patient otherwise convalescent, it needs careful individualization to find its effective remedy. Sometimes this is found in *senega*, sometimes in *nitric acid*, sometimes in *coccus cacti*. In one case I could do nothing for the cough, which was hard and dry, until I had softened it with *aconite* (3x),—*belladonna* having been the antipyretic. It then speedily subsided.

3. The bronchitis and pneumonia of the present malady are—the latter especially—more serious matters. Bronchitis has not been frequent in the cases I have had to treat; when it has appeared, *kali bichromicum* in the first stage, and *antimonium tartaricum* in that of profuse and thick secretion which soon follows, have done good service in my hands. The pneumonia I have often seen,

and have good cause to dread it. In old and broken constitutions it threatens life; and in more favourable subjects it is apt to drag on a tedious course, little influenced by remedies. It is, I think, a just remark of the writer of the article "Influenza" in Quain's *Dictionary*, that its pneumonia, "though lobar in distribution, is probably always catarrhal in type;" and this is an important indication for treatment. In the acute and menacing form, *bryonia* and *iodine* have little place, while *phosphorus* stands supreme. If any medicine can subdue the inflammation of the pulmonary tissue, it is this. It should only be replaced by *antimonium tartaricum* when pain, dulness on percussion and bronchial breathing have subsided; when pulse, respiration and temperature have fallen; but when yet the chest is full of moist sounds and the patient is oppressed and distressed. In the sub-acute form, the physical condition suggests the term œdema of the lung rather than inflammation. There is little fever or pain, and but slight evidence (if any) of consolidation; and though crepitation is pronounced, the sputum is not rust-coloured. I wish I could speak decidedly of remedial results obtained here; but truth compels me to say that though the patients have got well, I cannot claim that it is owing to anything I have given them.

4. The debility remaining behind after the acute attack is over demands medicinal, as well as hygienic and dietetic, help. The great "tonic" for it I find to be *phosphorus*. The nervous system is its main seat; and there has not been such a drain of fluid as should call for *china*, nor is there evidence of the destruction of red corpuscles which needs *arsenicum*. A further indication for the remedy is that which is mentioned in the article from which I have already quoted:—"The morbid changes found after death, and due to influenza itself, are of a character due to all forms of acute infective disease—namely, parenchymatous degeneration of the liver, kidneys, and spleen, of the muscular substance of the heart, and of the minute blood-vessels." A minor degree of such degeneration may fairly be conceived as present in the often extreme debility of convalescents from the disease. *Phosphorus* is the chief poison whose *post-mortem* appearances belong to this category: the law of similars therefore guides us to it as the chief

medicine to aid in repairing the destruction which has been wrought.

In the above paper I have made no attempt at a survey of what has been written on the subject in homœopathic literature. The time will come for this to be done. At present, I have confined myself to my own personal experience, with such thoughts on the nature and clinical history of the disease as shall show how it appears to my mind as a thing for treatment. I hope that my remarks will elicit similar communications from others.

REVIEWS.

The Accoucheur's Emergency Manual. By W. A. Yingling, M.D., Ph.D. Philadelphia: Bœricke and Tafel, 1895.

The title of this little book is somewhat misleading. The emergencies which call for the active intervention of the accoucheur are, for the most part, such as must be met by promptly applied mechanical measures, as *e.g.* the grasping of the body of the uterus in hæmorrhage, or the washing out of that organ with hot water. However useful medicinal help may be, it is at best only a part of the therapeusis that must be enforced on the majority of occasions. In Dr. Yingling's book, medicine—the so-called homœopathically indicated medicine—is the only resource pointed out to the practitioner. However useful then it may prove in enabling him to select a suitable medicine to help him in relieving the irregularities of labour, in dealing with abortion, in the treatment of hæmorrhage, of retained placenta, of convulsions or of after pains, it gives him no assistance in directing him to other measures imperatively demanded in most cases of emergency, to fulfil the duty of doing all that is possible to be done for the relief of the condition.

The book is divided into two parts. The first gives the symptoms which are supposed to have been produced by 103 medicines resembling more or less those met with in the conditions we have just referred to. In the large proportion of instances, however, the symptoms noted have not been known to have been produced by the drug named. They are rather therapeutic generalisations, of more or less doubtful accuracy, derived from noting the recovery of a patient after having taken a single dose of a "high potency" of each. "Symptoms" of this kind are not sufficiently well authenticated to admit of an accoucheur depending upon them in selecting a medicine to the exclusion

of all other means in the treatment of such emergencies as are met with in the practice of midwifery.

That the author is an enthusiast in the use of medicines, and of medicines alone, under all circumstances and in all conditions, is perfectly clear, and the position he takes up leads him into occasionally making statements that are singularly absurd. For example, the following passage is evidently published in all simplicity and sincerity. "The homœopathician," writes Dr. Yingling, "has not much use for the forceps and other obstetrical instruments, and yet he should always be prepared to use them in cases of *real* necessity. I would advise, however, that the remedy be given a fair trial first, and that the instruments be the last resort. By this means their aid will be very seldom needed. I make no complaint against the instruments, as they are sometimes necessary, but I protest against their hasty and indiscriminate use, frequently to the detriment of the mother and child." Well, surely every well-educated medical man protests against hasty and indiscriminate use of the contents of the obstetric bag, and not only so, but also against that injudicious delay which would render their use of no avail. The author proceeds: "The course herein advised will also prevent the rupture of the perinæum in the very great majority of cases. There is no need to tear a woman to pieces. It may be scientific, but it is not rational nor homœopathic." Whoever regarded allowing a perinæum to rupture during labour as being "scientific"! Whoever supposed that it was a rational arrangement! What notion must the man have of the meaning of the word "homœopathic" who could feel it incumbent upon him to assure the readers of *The Accoucheur's Emergency Manual* that rupturing a perinæum is not "homœopathic"! Nonsense of this kind destroys all confidence in the capacity of an author to produce a book which shall be of any value to the practitioner, and in the present instance a careful examination of its other contents does not tend to create any.

NOTABILIA.

BRITISH HOMŒOPATHIC CONGRESS, 1895.

The Annual Congress of Homœopathic Practitioners will be held in Leeds, at the Great Northern Station Hotel, on Thursday, the 19th of September, at 10 o'clock punctually.

The Presidential Address will be delivered by Edward M. Madden, M.D., Physician to the Bromley Homœopathic Hospital, on *Recent Pathological Investigations and Theories, with special reference to certain points which seem to bear on the*

doctrine 'similia similibus,' and on Hahnemann's speculations as to its modus operandi.

Any strangers, ladies and gentlemen, who may desire to hear the President's address, will be welcome.

George Burford, M.B., Physician to the Gynæcological Department, London Homœopathic Hospital, will read a paper on *A New Therapeutic Treatment of Sub-involution of the Uterus with Salts of Potassium and Gold.*

After the conclusion of the discussion the Congress will adjourn for luncheon.

At 2 o'clock punctually, the Congress will re-assemble and will fix the place of meeting for 1897 (as the International Congress will take place in London in 1896), elect officers, and transact any other business which may be necessary. The election of President and Vice President of the International Congress 1896 will also be proceeded with.

Charles W. Hayward, M.D., Physician to the Hahnemann Hospital, Liverpool, will then read a paper upon *Albuminuria.*

This will be followed by one by W. Theophilus Ord, M.R.C.S., L.R.C.P., Visiting Surgeon to the Bournemouth Homœopathic Dispensaries, on *Hindrances to the Action of the Homœopathic Specific.*

The Members of the Congress, with their friends, ladies as well as gentlemen, will dine together at the Great Northern Hotel, at 7 o'clock.

The subscription to the Congress is Ten Shillings, which includes the Dinner Ticket. The Dinner Ticket alone, *for guests only*, will be Seven Shillings.

Dr. H. G. Stacy, 28, Park Square, Leeds, the Hon. Local Secretary, will be happy to secure rooms at the Hotel for Members of the Congress, if they will communicate with him.

THE INTERNATIONAL HOMŒOPATHIC CONGRESS, 1896.

In his "Business Address" the President of the American Institute of Homœopathy (Dr. Fisher), referred to the International Congress of next year in the following terms:—

"It must not be forgotten that the next World's Homœopathic Congress will be held in London in 1896. The last very successful and in every sense delightful regular Congress, as provided for at the first quinquennial Congress held in Philadelphia in 1876, was holden in Atlantic City in 1891, at which time it was agreed that the next shall be held in the city named. This is the last session of the Institute that will be held prior to the sitting of the Congress, unless, perchance, that convention shall be delayed until the fall of next year. Even in this event it devolves upon the

present session to devise plans which will secure a large attendance of American members. It is exceedingly desirable that the London Congress shall be a large and successful one. Homœopathic interests in England have never been as prosperous as at the present time. As the success of their various hospitals, associations and other enterprises is noted in the English medical journals, the conclusion might readily be drawn that homœopathy in the 'Mighty Little Isle' had almost been Americanized. That an unusually successful Congress will be highly satisfactory to our foreign colleagues is certain, and I feel sure the profession of the United States will derive great pleasure and profit from such a gathering of their confreres from all parts of the world as is easily possible in London.

"I take pleasure in recommending that the American Institute of Homœopathy appoint a special committee to arrange transportation and business details in relation to this subject, and that, if practicable, a steamer be chartered which shall transport the American delegation in a body. I shall also be glad to see such special action taken as shall serve to awaken the profession of the United States to the desirability of attending the London Congress in large numbers."

LONDON HOMŒOPATHIC HOSPITAL.

The new building is now completed, and the first patients were admitted into it on Monday the 19th ult.

In view of the increased work, which it is anticipated will be thrown upon the staff, the following additional appointments have been made. Dr. Goldsborough and Dr. McNish to be Assistant Physicians, and Mr. James Johnstone, M.B., Assistant Surgeon; while Dr. Roberson Day has been placed in charge of the department for diseases of children.

We understand that the further appointments to be made are those of a Medical Registrar, a Pathologist and a Surgeon-Dentist. We are glad to hear that the Building Fund has now reached a total of £40,000, leaving £5,000 to be collected to place the hospital free of debt; and this we trust will be received ere the present year has passed away.

LEEDS HOMŒOPATHIC DISPENSARY.

We have been informed that Her Serene Highness the Princess Adolphus of Teck has kindly consented to become Patroness of the Homœopathic Dispensary at Leeds.

HOMŒOPATHIC EXHIBITION.

In connection with the International Homœopathic Congress held at Hamburg there was an interesting exhibition of Hahnemann relics, and of modern homœopathic medicines. Thus there was a reproduction of the first pharmacy which was fitted up in accordance with Hahnemann's principles, and this proved very interesting when contrasted with the splendid exhibits of such firms as Dr. Wilmar Schwabe and Täschner & Co., of Leipzig, or the Société Homœopathique de France, of Paris. The first-named firm showed a number of Hahnemann's letters, some tiny cylinders containing globules, and small phials fitted with ivory stoppers, these having actually been used by Hahnemann. Dr. A. L. Simon, who is homœopathic physician to Queen Isabella of Spain, also exhibited. Several gold and silver medals were awarded —viz., gold to Dr. Werner, of Wilster; Dr. Wilmar Schwabe, Täschner & Co., and Marggraf, of Leipzig; and to the Société Homœopathique de France, Paris; silver to the Dutch Society for the Promotion of Homœopathy,; Société de Homœopathique de Belgique, Brussels; Dr. Levinsohn, Berlin; and C. Münninghaus, Lennep.—*Chemist and Druggist.*

LAURENT PERRIER CHAMPAGNE.

The Chemist and Druggist informs us that at the recent meeting of the British Medical Association, Messrs. Hertz and Collingwood issued special invitations to the principal doctors attending the meeting to visit the "Princess Ida" rooms for the purpose of tasting the Laurent Perrier's champagnes. The rooms were some of the choicest in the hotel, on the first floor, with a balcony attached overlooking the Thames Embankment. Elegant luncheons were provided, and with these the Laurent Perrier "Sans-sucre" champagne was served.

OBITUARY.

DR. STEPHEN YELDHAM.

It is with a very deep regret, a regret that will be felt by every medical man practising homœopathically in this country, as well as by very many who are not members of our profession, that we chronicle the death of Dr. Yeldham, at Hastings, on the 10th of last month, in the 85th year of his age.

STEPHEN YELDHAM was born at Halstead, Essex, in 1810. At the conclusion of his school life, he was articled to Mr. Rees, a surgeon practising in that neighbourhood. This gentleman was the medical officer of no less than five parishes. The opportunities for observing disease and studying the management of sick people, thus presented to him, were considerable, and to the diligent use that he made of them he attributed much of his subsequent success in life. The period for which he was apprenticed having terminated, he passed to what were then described as the United Hospitals of Guy's and St. Thomas. After going through the required curriculum, he was admitted a Licentiate of the Society of Apothecaries in 1832, and a Member of the College of Surgeons in 1833. In 1864 he received the license of the Royal College of Physicians of Edinburgh.

On becoming qualified he joined in partnership a surgeon practising in the neighbourhood of Stamford Street. This arrangement came to a somewhat premature conclusion four years later. He soon afterwards was appointed surgeon to the South London Dispensary, an institution which, we believe, he was largely concerned in founding. About the same time he was placed on the medical staff of the Royal Maternity Charity. During his residence in Stamford Street his professional work, both public and private, was large and engrossing.

In 1844 he was urged by a non-professional friend to look into homœopathy. In compliance with the desire of his friend, he read a popular treatise on the subject. He remained unconvinced, as he wrote five years later, "those who trust to merely reading generally are." He thought no more about the matter until a few months afterwards, another friend showed to him an old number of the *Lancet*, containing a report of the paper read by the late Mr. Kyngdon at the London Medical Society, containing reports of cases of toothache, faceache, &c., cured mainly by *chamomilla*. He tried the remedy himself in dispensary practice with great success. He now with the assistance chiefly, we have heard, of Dr. Quin and Dr. Hamilton, entered upon the deliberate study of homœopathy, for the purpose of putting it to the clinical test. This he did with the utmost care, taking notes at the bedside of 1,000 cases during the five years he devoted to the enquiry. Not one of these patients was conscious that he was being treated homœopathically. The results he obtained were therefore not due to faith. For as he said afterwards, "where no object is presented for its exercise there can be no 'faith.'"

The results of this enquiry he published in 1849, in a book

entitled *Homœopathy in Acute Disease*, a work which stamped him at once as a thoroughly practical surgeon, a most careful observer and an equally painstaking and conscientious medical adviser; a reputation which his subsequent career has entirely endorsed. He now resigned his appointments at the South London Dispensary and the Royal Maternity Charity, and, together with his friends Drs. Quin and Hamilton, Messrs. Cameron, Leadam, Reynolds and others, entered heart and soul into the establishing of the London Homœopathic Hospital. To this institution he was at its opening appointed surgeon, and in its welfare he never ceased to evince a warm and active interest; few things, we can readily believe, have given him greater gratification than the intimation conveyed to him quite recently, during his last illness, that the Board of Management, recognising the value of his long services, had resolved to apply his name to one of the wards in the new building.

The publication of the book we have mentioned, and the admitted fact that the popular practitioner of Stamford Street had adopted homœopathy, occasioned much fierce hostility amongst his medical neighbours. His practice for a time suffered greatly, so that he began to feel himself almost ruined. This, however, was not for long, and his *clientèle* soon became as large as ever it had been, and it so continued. About 1854, we believe, he took the chambers in Moorgate Street, then occupied by Mr. Searle, F.R.C.S., Assistant-Surgeon to the London Homœopathic Hospital, who died two years later; at the same time carrying on his general practice in Stamford Street. This continued until 1860, when many of his best patients removing to the suburbs of London, he retired altogether from general practice and restricted himself to consulting work in Moorgate Street, residing in Taviton Street. Here he remained in extensive consulting practice until he retired altogether in 1887, when he went to reside at Upper Tooting.

Dr. Yeldham's contributions to homœopathic literature were uniformly of the practical order. Without being a man of great brilliance, his knowledge of medicine was both accurate and extensive, his power of observation considerable, while upon all his professional work he brought to bear a marked degree of common sense and sound judgment. These features are conspicuous in all he wrote, and render what he did write of considerable value to the practitioner.

To his *Homœopathy in Acute Disease* we have already referred, but there is one feature of interest in it, when studied in connection with the views he expressed in later years, that must be noticed. We allude to the question of

the dose. Throughout the whole of the cases reported in this book the medicines were given in the 3rd, 6th, 12th and 30th dilution; while the preface to the second edition states that "unless otherwise specified, one drop or globule is the dose given." Dr. Yeldham then had carefully tried and met with gratifying success in the use of much smaller quantities of medicine, when prescribing homœopathically, than he employed during the latter part of his career. One of his first contributions to the solution of this question was a paper read by him at the British Homœopathic Society in 1870, when he had been practising homœopathically for 25 years. His experience had shown him that, though in a considerable number of cases, the infinitesimal dose was thoroughly efficient, there remained too many where it was inadequate; cases where the homœopathic medicine, prescribed in a very small dose, had proved inefficient, when the same remedy given in a much larger quantity had been found perfectly effective. This led to his review of the whole subject, his conclusion being that while the pathogenetic dose is that which is enough of the crude drug to excite physiological action and *no more*, so the curative dose is that which, having regard to the age and constitution of the patient and the nature of the remedy, is *little enough* to avoid medicinal aggravation, and *no less*. A year and-a-half later, in the pages of this *Review*, Dr. Yeldham contributed a paper, entitled, *Suggestions on the Dose*, in which he enforced by additional illustrations and arguments the value of being guided by the rule of which he had already urged the importance; insisting that a dose which stops short of aggravation is all that the logical application of the law of similars demands. The late Dr. Black had, at a Congress meeting a few weeks previously, pointed out that Hahnemann, in his first essay in Hufeland's *Journal*, had given a clear direction on the dose, and one, too, very much akin to Dr. Yeldham's. "The cautious physician," wrote Hahnemann, "who will go gradually to work gives the ordinary remedy only in such a dose as will scarcely perceptibly develop the artificial disease, and gradually increases the dose, so that he may be sure that the intended internal changes in the organism are produced with sufficient force, although with phenomena vastly inferior in intensity to the symptoms of the natural disease; thus a mild and certain cure will be effected."

In this teaching Dr. Yeldham exhibited that thoroughly practical spirit which animated him on all occasions; it was based upon carefully studied clinical experience. Again was this practical bent of Dr. Yeldham's mind shown in the

Address with which he opened the last Congress held in Leeds. On this occasion the question he discussed was, whether our Materia Medica, in its existing state, is calculated to develope those elements of certainty in our system to the fullest extent of which they are capable; and, if not, to suggest a mode by which this desirable end may be attained. It was not whether the method was true, not whether it was efficient, but whether it was capable of being rendered still more effective. The suggestions then made were largely influential in leading up to the preparation of the *Cyclopædia of Drug Pathogenesy*, and also in determining the plan pursued in its construction by its editors, Dr. Hughes and the late Dr. Dake.

In a paper *On the Various Modes of Administering Medicine*, which appears in the *British Journal of Homœopathy* (vol. xv.), Dr. Yeldham advocated the use of the pilule (which a few years previously had been introduced into practice by the late Dr. Norton, of Chester) as a substitute for the globule. The practical common sense which characterised its author was conspicuous throughout the whole of this essay. In 1862 he published a little book entitled *Homœopathy in Venereal Disease*, which has gone through four editions, the last under the editorship of Dr. Wheeler. Here again Dr. Yeldham's thoroughly practical manner of dealing with every subject upon which he wrote is manifest on every page.

To our pages and to those of the *British Journal of Homœopathy*, Dr. Yeldham has contributed the records of many cases illustrating, in a clear and simple manner, the action of the medicine employed.

The hospital in Great Ormond Street has had a warm, energetic and constant friend in Dr. Yeldham from the time that it was opened until the day of his death. His services to it have been many and important. For twenty years he was one of the active medical staff, and since that period he has fulfilled the duties of consulting surgeon. Some time during the "fifties," he organised a Ladies' Subscription Society, for the purpose of collecting small sums from those who were not annual subscribers. Of this Society the Princess Mary of Cambridge, the present Duchess of Teck, was the patroness, while Mrs. Yeldham officiated as its secretary. Through its work, during some years, £200 were annually collected for the hospital. In or about 1874 Dr. Yeldham, in conjunction with the late Mr. Charles Trueman, initiated the present system of nursing at the hospital, one which has become so efficient and has provided such invaluable nurses for numerous private families during serious illness. It was also at Dr. Yeldham's suggestion that, in 1880, the presentation was made to Lady Ebury of the portrait of her husband,

the president of the hospital, upon his eightieth birthday. The last meeting of a public character that he attended was the forty-fifth annual meeting of the governors and subscribers on the 7th of last March. He was present at the laying of the foundation stone of the new building, but illness prevented his being at the opening ceremony or at the dinner which followed. To the chairman at the latter he sent the message, "May God bless all engaged in managing and working the new hospital."

The British Homœopathic Society, Dr. Yeldham joined in 1849, five years after its foundation. For many years he was one of the most regular attendants at its monthly meetings.

For some years after the death of Dr. Rutherfurd Russell, in 1866, he was the active member of the editing committee and was practically the editor of the *Annals* of the Society. He filled the office of Vice-President from 1861-64, and again in 1877; in 1880 he was elected President. The address, with which he brought the work of the session to a conclusion, was again of that practical type which, as we have observed, was characteristic of him. His facts he drew from his experience at the bedside and from that extensive knowledge of human nature, which long intercourse with mankind had procured for him. He again dwelt upon the two subjects which he ever regarded as being of the greatest importance to the progress of homœopathy—the revision of the *Materia Medica*; and, as he described it, "the vexed question of the dose." The former question has, through the publication of the *Cyclopædia of Drug Pathogenesy*, been so far settled. On the latter, he said, "granting that infinitesimal doses do cure disease, I must make bold, speaking for myself on the strength of considerable experience, to deny that they are in any respect *superior* to material doses. . . . The contention has been, not for any superiority of the infinitesimal dose, but for the fact of its possessing curative powers. Admitting this fact, but altogether repudiating the claim to any superiority over the palpable dose, we arrive at the important conclusion that the infinitesimal dose is not *necessary* to homœopathy; and if not necessary, then we may reasonably ask on what grounds it is retained in our practice? I know of none, certainly not any that should weigh for a moment against the manifest objections of various kinds that attach to the infinitesimal dose." After some further arguments in support of his contention, he concluded this part of his address by urging the general adoption of "the palpable, non-physiological dose, by which I mean the dose in which medicines can be detected, but practically the mother tincture and dilutions up to the third decimal."

Ever ready to accord help to all his medical brethren when

it was in his power to render any, whether professional or otherwise, he established in 1875 the Medical Benevolent Society. The original proposal appears in a letter from him addressed to the editor of *The Review* at page 62 of vol. xix. Its object was, and is—for it is still in operation—to provide relief and assistance to homœopathic practitioners and their families who in sickness or other misfortune might be in need of temporary pecuniary assistance. The organisation of the society took place at a meeting held at his house in Taviton Street on the 16th of February 1875. At the first general meeting of the subscribers, held at the hospital on the 23rd of June, 1875, a vote of thanks was passed to Dr. Yeldham for the trouble he had taken in organising the society.

Such is a brief and imperfect survey of Dr. Yeldham's career as a medical man and of his work for the advancement of the profession he loved and honoured. His private character may be most correctly summed up in the words—he was a Christian gentleman. Kind, courteous and considerate to all men, scrupulously honourable in all his relations with his professional brethren, absolutely devoid of ostentation, incapable of doing anything even remotely allied to self-advertisement, he possessed a friend in every professional brother with whom he was brought into contact. Differing in opinion, as he knew that he did on some points from not a few, he was ever careful to state his views in a manner which could not give offence to any one, doing so, at the same time, with a clearness, a firmness, and a simple honesty, that tended greatly to disarm, if not to silence, an opponent.

In his dealings with his patients he was a pattern of kindness, gentleness and sympathy; features of his character which were as clearly evinced during a consultation as they were recognised by his own patients.

During his long life he had been in full vigour, suffering only occasionally from slight attacks of gout, and it was weariness rather than ill-health which led to his retirement. So he continued, until during the last year he suffered much from renal, culminating in vesical calculus, on account of which he underwent two operations for lithotrity, and from them made a good recovery. He went to St. Leonards on the 1st ult. to recruit though suffering from considerable pain in the left leg. Mr. Frank Shaw visited him and found his condition to be graver than had been anticipated. Dr. Lough, of Hastings, saw him, with Mr. Shaw, on the 7th of August, when it was decided that the pain proceeded from periostitis of the tibia, and that it was necessary to cut down upon the part. This was done by Dr. Lough during the evening, Mr. Shaw giving the A. C. E. anæsthetic. A large

abscess was thus opened. He rallied wonderfully well and displayed a great interest in what had been done for him. On the following morning, his condition appeared to give reasonable hope that his life would be spared, but during the evening of the same day he became unconscious, and died early on the morning of the following day.

All that was mortal of our departed friend was interred in the cemetery at Hastings, on Tuesday, the 13th ult., the service being conducted by his brother-in-law, the Rev. J. Watkins. Among those present on the occasion, in addition to his immediate relatives, were Mr. Frank Shaw, of St. Leonards, and Mr. G. A. Cross, who, in the unavoidable absence of Mr. Stillwell, the chairman, represented the Board of Management of the London Homœopathic Hospital. Amid the many floral tributes with which the coffin was covered were wreaths from the Board of Management and the Medical Staff of the hospital, a floral cross from Mr. and Mrs. Alan Chambrè, a wreath from the Secretary of the hospital, Mr. Cross, and one from the Matron and Sisters of the same institution.

His widow, his son, Major Yeldham, formerly of the 10th Hussars, and several grandchildren survive him, with whom we may, we feel sure, on behalf of ourselves and our homœopathic medical brethren, express our deep and sincere sympathy.

CORRESPONDENCE.

LACHESIS.

To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—In a note on "A Snake Venom Romance," published in the *Homœopathic World* for August, 1895, a remark is made to the effect that the late Dr. Constantine Hering, assisted by his wife, "had prepared all the *lachesis* since used by the profession."

Will you allow us to point out that this is not the fact. Some 27 years ago we obtained through a friend a supply of this venom from a specimen of the viper of which we still possess a photograph, and low triturations of this have been supplied from time to time to practitioners who have expressed their entire satisfaction with its action.

In the *Monthly Homœopathic Review* for April, 1892 (p. 211), some excellent results are reported by Dr. E. M. Madden, which were, through a misapprehension, attributed to a preparation obtained from Dr. Hayward, of Liverpool, but, on

subsequent enquiry, we found that the identical preparation above described had been dispensed by Dr. Madden's chemist, who obtained it direct from us.

We may add that for many years we avoided recommending this preparation, because it had been obtained after killing the serpent outright instead of merely stunning it, but we have now ample testimony to convince us that its activity has not been impaired in the least degree by the method of extraction.

When carefully guarded from moisture it appears to keep perfectly well.

Yours faithfully,

E. Gould & Son.

59, Moorgate Street, London, E.C.
August 3rd, 1895.

THE SOUND OF MITRAL STENOSIS.

To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—In his letter in the current number of the "Review" Dr. Clarke contrives, in spite of his protestations, to leave us under the impression that he still considers what he describes as a "thumping first sound" to be the most important of the various auscultatory signs of pure mitral stenosis. Apart from the use of the term "thumping," to which I take exception, this is far from being the case, and would certainly not appear to be the opinion of Dr. Geo. Balfour himself, whose qualification of the term and limitation of its scope leaves one under an entirely different impression. A perusal of Balfour's "*Clinical Lectures*" (pp. 101 to 144) leaves no doubt as to which sound he held to be most generally helpful in arriving at a diagnosis. At page 102 he says "There is a murmur which is so invariably associated with disease of the mitral valve, that when once heard it may be conclusively accepted as a distinctive proof of the existence of permanent deformity, even though the murmur itself should subsequently disappear as it frequently does. This murmur, which is pathognomonic of mitral stenosis, has been termed *par excellence* the presystolic murmur."

That there is undoubtedly in some cases a marked accentuation of the first sound following the presystolic murmur, I am quite ready to admit, but this is expressly referred to by Balfour as being the exception and not the rule. When speaking later on of the "slightly thumping character of an impure first sound" in some of his cases, he

couples with it two other symptoms as being *evidently* of at least equal value for diagnostic purposes, viz. :—"irregularity of rhythm" and "*reduplication of the second sound, which, though found under other circumstances, is never so persistent as in mitral stenosis.*"

Had Dr. Clarke had the advantage of studying in Edinburgh during the last few years he would probably have seen fit to modify his views with regard to the "thumping first sound," which has evidently not "caught on" even in Edinburgh. Dr. Byrom Bramwell, an unusually accurate and painstaking teacher, thus speaks of the first sound in pure mitral stenosis :—"The first sound is usually short and sharp, and rather resembles the normal second than the normal first sound. In some cases it has a *slight* thumping character, which *Dr. Geo. Balfour believes* 'is quite pathognomonic of mitral stenosis when duly recognised by a practised ear'" (*Diseases of the Heart*, 1884, p. 487).

The reduplication of the second sound is the point to which most importance is attached by modern Continental teachers. André Petit, no mean authority, after referring to the absence in certain cases of both presystolic murmur and diastolic *roulement* says :—"The reduplication of the second sound of the heart is, perhaps, the stethoscopic sign least likely to be wanting in mitral stenosis, and in numbers of cases it exists alone. It is, moreover, pathognomonic when it presents the character of being *constant*, that is, of being produced at every cardiac revolution."

Obediently yours,

THE REVIEWER.

August 12th, 1895.

THE DOSE QUESTION.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Permit me to draw the attention of your readers to the August number of this journal, (Art. *Apis Virus*, p. 425,) as an additional and independent witness to the truth of what I advanced on the dose question in the July issue.

Here Dr. Pope quotes Dr. Moore as having failed in anasarca with *apis* 8 but was successful with *apis* ϕ.

Allow me to most cordially second Dr. S. Wilde's suggestion in the same number of this journal that contributors of clinical cases should invariably state the dilution and dose as well as the drug. It completely spoils a paper when this is omitted—at least its value, practically, is greatly minimised.

I am, yours faithfully,

WM. LAMB, M.B., C.M. (Edin.)

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays, 2.30; Diseases of Women, Tuesdays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Diseases of the Throat, Mondays, 2.30. Operations, Tuesdays, 2.30.

Dr. WHEELER, the late House Surgeon to the London Homœopathic Hospital, has, we understand, settled at Manor House, West London Road, Norbiton, Surrey.

Communications have been received from Dr. GALLEY BLACKLEY, Mr. DUDLEY WRIGHT, Dr. JOHNSTONE, Dr. WHEELER, Mr. CROSS, Mr. WYBORN, Messrs. HERTZ & COLLINGWOOD (London); Dr. BLACKLEY (Southport); Dr. HUGHES (Brighton); Mr. FRANK SHAW (St. Leonards); and Dr. ORD (Bournemouth).

BOOKS RECEIVED.

The Causes of Neglect of Suppurative Ear-Disease. By J. Erskine, M.A., M.D. Glasgow: Macdougall. 1895.—*A Plea for the Removal of all Lesions of the Lower Orifices of the Body at One Sitting.* By J. C. Wood, M.A., M.D., Cleveland. 1895.—*Claret. Its Production and Treatment.* By W. B. Kingston. London: Vinter & Co., Limited. 1895.—*The Journal of the British Homœopathic Society.* July. London.—*The Homœopathic World.* August. London.—*Medical Reprints.* August. London.—*The Hospital.* July 27. London.—*The Chemist and Druggist.* August. London.—*The Calcutta Journal of Medicine.* June. *The North American Journal of Homœopathy.* August. New York.—*The Homœopathic Eye, Ear and Throat Journal.* August. New York.—*The New York Medical Times.* August.—*The New England Medical Gazette.* July and August. Boston.—*The Boston University School of Medicine.* Twenty-third Annual Announcement. August, 1895.—*The Hahnemannian Monthly.* August. Philadelphia.—*The International Brief.* June. Philadelphia. *The Medical Advance.* July. Chicago.—*The Clinique.* July. Chicago.—*The Medical Century.* August. Chicago.—*The Medical Mission Herald.* July. Chicago.—*The Medical Argus.* July. Minneapolis.—*The Homœopathic Envoy.* August. Lancaster, Pa.—*The Southern Journal of Homœopathy.* July. Baltimore.—*The Pacific Coast Journal of Homœopathy.* July and August. San Francisco.—*Thirteenth Annual Announcement of Hahnemann Hospital College.* 1895-6. *The Denver Journal of Homœopathy.* July.—*Revue Homœopathique Française.* July. Paris.—*Archive für Homöopathie.* July. Dresden.—*Leipziger Populäre Zeitschrift für Homöopathie.*—*Homœopathisch Maandblad.* August. Rotterdam.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

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WHAT HOMŒOPATHY EXPLAINS.

Dr. West, in his letter to the *Times* in reply to Dr. Dyce Brown (*Monthly Hom. Rev.*, Sept., p. 486), says that "the rule of similars states an opinion, nothing more. It explains nothing, never did explain anything." As was said in commenting upon this deliverance—"it does not state an opinion but a fact." The question whether or no this rule of drug-selection is true or fallacious may be regarded as a matter of opinion; the rule itself is not so. Where this "opinion" has been based upon an extensive experience in putting the rule into practice, it has invariably been to the effect that the rule is a true and, consequently, a trustworthy one by which to be guided in drug-selection. When, in the formation of an opinion, experiment has been avoided, and the criticisms of the *Lancet*, *British Medical Journal*, or some similar periodical have been relied upon to furnish material on which to found an "opinion" of the worth of the rule, it generally results in one adverse to the claims of homœopathy upon the attention of therapeutists being arrived at. Experiment, and experiment alone, can supply the data by which an opinion on this question can be framed. Foregone conclusions, perverse imaginations, and deliberate misrepresentations regarding homœopathy, such as one constantly meets with in the

medical press, do not constitute a foundation upon which a reliable "opinion" on the subject can be constructed.

Again, we are told, "it explains nothing, never did explain anything." If by this Dr. WEST intended to convey that it affords no explanation of the *modus operandi* of a drug in converting abnormal physiology into such as is normal, we quite agree with him, and no one has ever supposed that it did so. On the contrary, from HAHNEMANN onwards, various theories have been constructed to explain how and in what manner the homœopathically selected drug operates so as to remove disease, and by so doing restore health. None of these theories or explanations has so far stood the test of criticism as to have been generally adopted. It is true that a really satisfactory theory of the *modus operandi* of the homœopathically selected drug is a *desideratum*. It is indeed very much so. It would be a very interesting addition to therapeutic knowledge; it would probably render the study of homœopathy more attractive, and possibly make its clinical application more simple. But it is not necessary to the practitioner availing himself of the help this rule or law affords in prescribing. The editor of the *Times* in a leading article, published at the close of the *Odium Medicum* discussion in 1888, wrote: "A correspondent tells us to-day, that the cases in which like seemed to cure like can be explained upon some other hypothesis, which he does not mention. But that is not the point. Homœopaths do not offer any explanation or hypothesis, what they say is, that the rule leads them to the choice of the right drug for a given case."

The real value of the rule can only be tested by putting it into practice in a large number of cases of disease of every variety. This experiment has been proceeding now, in all parts of the world, for exactly a century, and is going on still over an ever extending area. The outcome of this experiment is, that medication based on the rule of similars is more successful in the treatment of the sick than medication based upon any other rule, or plan, or theory. Such a result ought to constitute a more than sufficient reason for the investigation of homœopathy by medical men and medical societies. But to a certain class of minds it does not appear to do so. While not disputing the success

that is alleged, they hesitate to be influenced by it; they decline to accept Professor BURDON SANDERSON'S dictum, that "in judging of the value of a therapeutical method, the one and only criterion is success;" they go further, and ask is this successful method scientific? Once again, then, we will endeavour to sustain the claim of homœopathy to be scientific. We do not say that homœopathy constitutes the whole of the science of therapeutics, any more than we suppose that the giving of specifically acting drugs comprises the whole of our therapeutic resources.

There are few words in the English language more loosely applied than the word "scientific." Sir W. HAMILTON defined science as—

"A complement of cognitions, having, in point of form, the character of logical perfection, and in point of matter, the character of real truth."

Again,—

"That which essentially marks the operation of *Science*," wrote Mr. (now Sir JOHN) SIMON, "is the reduction of an infinite exterior diversity into systems and formulæ expressive of mutual relation. In other words, science consists in the intellectual apprehension of whatsoever is objective in nature in its apprehension, namely, according to certain specific necessities of the human intellect, which oblige us, in proportion as we are human, to search for *laws and conditions of manifestations* wherever the senses observe progressive development, or distinct succession, or quantitative differences or degrees; to search for the *essential*, wherever there is a complexus of impressions; for the *causation*, wherever there is a sequence of phenomena; for the principle of order or classification, wherever there is a plurality of existence.

"To apprehend the phenomena of nature—not in their crude and concrete state, but analysed, compared, interpreted, divested of accidental complications and stated in their abstract forms, or in their generalities of mutual connection; to apprehend their laws of manifestation, not as mere empirical memories of what has been, but as a means of confident prediction of what will be; to apprehend classification—not as a trick of mere numerical notation, but according to the types or essential characters of things."*

How, then, we first of all enquire, was the knowledge that the principle *similia similibus curenter* is the true law

* *Lectures on General Pathology*. By John Simon, F.R.S. London: Renshaw. 1850, p. 2.

of drug-selection for the cure of disease arrived at? It was by analysing and comparing the phenomena of disease and the phenomena resulting from the action of drugs upon the healthy human body. "*Art*" said Dr. CLIFFORD ALLBUT, "leads and does; *science* follows and explains." Hahnemann examined the records of what art had done during the centuries throughout which medicine had been administered to promote the recovery of the sick. He further collected the results of drug poisonings, and made experiments with drugs upon himself and his friends, in order to ascertain the character of the effects they had upon healthy people. In these researches and experiments we have two classes of observations presenting "an infinite exterior diversity." By the analysis and comparison of the facts thus brought together, we search for "the principle of order or classification" which connects them.

In an essay published by him in HUFELAND'S *Journal* in 1796, entitled *Suggestions for Ascertaining the Curative Powers of Drugs*,* and subsequently in his *Organon der Heilkunst*, published in 1810, we find the records of cases cured by forty-three drugs, compared with the effects produced by these drugs on healthy persons. The authorities cited as having observed the phenomena, both of disease and of drug action, are three hundred in number; they are all men who in their day and generation were regarded as being persons of consideration in medicine. Rather more than five and twenty years ago Dr. DYCE BROWN made a similar collection of drug pathogenetic facts and therapeutic clinical observations from the writings of TROUSSEAU and PIDOUX, PEREIRA, WOOD, WARING, CHRISTISON, TAYLOR and GRAVES, which was published in 1869 as an appendix to a pamphlet by the late Dr. REITH, of Aberdeen, entitled *Homœopathy: its Nature and Value*. The drugs examined by Dr. BROWN were forty in number. Thirteen of these had previously been studied by HAHNEMANN, while twenty-seven formed an additional series.

If the observation of natural phenomena can be utilised by comparison and analysis for the formulation of an expression of mutual relation, those recorded of seventy drugs may safely be employed to ascertain the relation

*_Lesser Writings_ of Hahnemann, translated by R. E. Dudgeon, M.D. London: Headland. 1850.

which subsists between the disease-exciting and disease-curing powers of drugs in general. The analysis of these illustrations of the disease-exciting and disease-curing properties of drugs shows that, throughout the entire series of observations, there runs one fact common to all—one phenomenon characteristic of all—one which is of the essence of all—viz.: that the drug which had been observed to cure a given disease had in each instance been found to produce a similar morbid condition in a healthy person. By the recognition of this as the result of such a comparison, all the facts of drug action, both in health and disease, become susceptible of classification evolving a principle of order.

But yet again, if this principle of order is a true principle, if it really represents the "law of manifestation" of the curative powers of drugs, it must be not "a mere empirical memory of what has been," but a "means for the confident prediction of what will be."

Does homœopathy, our principle of order, stand this test? It has done so. In 1831 HAHNEMANN was requested by some physicians, who had adopted his therapeutic views and had suddenly been brought face to face with that terrible disease epidemic cholera, to aid them by directing their attention to the drugs most likely to be found remedial in this apparently hopeless malady. He had never seen a case of cholera; and, to assist him in complying with their request, they forwarded to him a minute account of the characteristic features of the disease. From the comparison of this record of symptoms with that of the pathogenetic effects of the drugs whose action had up to that time been investigated, HAHNEMANN was able to point to three medicines adapted to meet the characteristic conditions of the first and second stages of cholera, viz., to *camphor* in the first, and to *copper* and *veratrum* in the second; and these, with *arsenic* in the third—of which VIRCHOW, of Berlin, and other observers of scarcely inferior reputation, have declared that both during life and on *post-mortem* examination, it is almost impossible to distinguish a case of cholera from one of *arsenical* poisoning, so similar are the symptoms and anatomical changes in both—these have proved of greater efficiency in saving life in cholera than any other medicines in the pharmacopeia. Well, indeed, might

Dr. DUDGEON remark in his *Lectures on Homœopathy* (p. xxxvii.): "This one fact speaks more for homœopathy and the truth of the law of nature upon which it is founded than almost any I could offer, viz.: that HAHNEMANN, from merely reading a description of one of the most appallingly rapid and fatal diseases could confidently and dogmatically say, such and such a medicine will do good in this stage of the disease, and such and such other medicine in that; and that the united evidence of hundreds of practitioners in all parts of Europe should bear practical testimony to the truth of HAHNEMANN'S conclusion."

A similar therapeutic prediction was made by Dr. BÈCHET during the prevalence of an epidemic of purulent meningitis at Avignon, in 1846. The epidemic first appeared among the soldiers in the barracks, where it was terribly fatal. Drs. BÈCHET and ST. DENIS, two civilian physicians practising in the town, procured from the medical officers of the regiment attacked full details of the symptoms of the disorder. Comparing these with the pathogenetic effects of the drugs which had been studied up to that time, they arrived at the conclusion that they presented a greater degree of similarity to those of *ipecacuanha* and *hyoscyamus* than to any others. Shortly afterwards three cases occurred in the practice of Dr. DENIS, and these two remedies being used, all three recovered. Subsequently one hundred and fifty cases were, in a similar manner, successfully treated by the same physicians. By-and-by the medical officer of the regiment in the barracks professed to make a discovery! He found that the scourge by which he was surrounded was capable of being controlled by—*ipecacuanha*. From the moment he said that he began to prescribe *ipecacuanha* the mortality among his patients began to diminish in the most remarkable manner.

In these two instances we have illustrations of the power of the principle of order, deduced by HAHNEMANN from his researches and experiments, to enable the physician to predict the remedy for a disease previously unknown to him. So also from the symptoms produced by an accidental poisoning, with some new substance, or by experiments designedly made with one, can a physician predict in what disorders it will be useful. In this way the late Dr. WELLS, of Brooklyn, predicted

from the symptoms observed by him in the cases of his daughter and another little girl who had been poisoned by the juice of the *ailanthus glandulosa* (through sucking the pin attached to a bit of stick which, using as a dart, they had spent an afternoon in amusing themselves by throwing at a mark in an *ailanthus* tree); from their symptoms he predicted that this juice would prove a valuable remedy in that rapidly fatal disease malignant scarlet fever, a prediction which has been amply verified by Dr. CHALMERS, of Sheffield, Dr. BRYCE, of Edinburgh, Dr. SHULDHAM, of London, the late Dr. H. R. MADDEN and others.

Again, Dr. F. S. BRADFORD, then of Charleston, S. C., writing in the *North American Journal of Homœopathy*, February, 1860, refers to a statement in the *British and Foreign Medico-Chirurgical Review* for 1857, to the effect, that the gradual poisoning of dogs with small doses of the *nitrate of uranium* invariably caused the urine of animals poisoned with it to become sugary. This occurs in the *Review* quoted in the course of a notice of the thesis of Dr. LECONTE upon the physiological action of the *nitrate of uranium*. Then Dr. BRADFORD remarks, "it occurred to me that this *nitrate of uranium* might prove a valuable homœopathic remedy in the treatment of diabetes in the human subject." He adds, "although I have had but few opportunities of administering it in cases of diabetes mellitus, I feel warranted, from its satisfactory effects in those few cases, in recommending those who have patients suffering from this disease to make a trial of this remedy. Doses of two or three grains of the third trituration, administered night and morning will, in a short time, reduce the quantity of urine passed to nearly a normal standard, and after a continued use the proportion of sugar is materially lessened." From that time onwards, the prediction of Dr. BRADFORD that this substance would "prove a valuable homœopathic remedy in the treatment of diabetes" has been continually receiving verification, the latest being afforded by the observations of Dr. WEST in his essay published in the *British Medical Journal*, August 24th, 1895. He, it appears, was in the first instance induced to test its value in this disease by the success which "Dr. HUGHES, a homœopathic physician," had met with; he having been led to employ it,

as Dr. WEST admits, by the experiments of LECONTE in 1851, who "stated that prolonged administration of small doses in dogs produced glycosuria." He was confirmed in his resolution to prescribe it by the statement of two observers that their experiments showed that it possessed "a powerful action upon amylolytic and proteolytic digestion." This was, we presume, the "explanation" which homœopathy did not give! What homœopathy did explain was that inasmuch as *nitrate of uranium* produced a condition which, in its essential features was strikingly like that characteristic of diabetes mellitus, so it would, as it has done, relieve or cure that disease when arising from its ordinary causes. We believe that however interesting as a subject of discussion at a medical society Dr. WEST's theory may be, for the purposes of the medical practitioner it has not much value; and, as compared with the *fact* of homœopathy, it has for him or his patient no importance whatever. Had it not been for homœopathy, we should never have heard of *uranium* as a remedy in diabetes at all.

We conclude, then, that we have demonstrated the scientific position of homœopathy. Its appreciation by HAHNEMANN was the result of a purely scientific process. It possesses—has been proved to possess—the highest of scientific attributes, that of the power of "prediction of what will be." It further explains what medical art has done in the ages when that art did and led without a therapeutic compass.

Further, homœopathy explains the condition in which a drug will prove a remedy. It bridges over "that wide and deep gulf which" the *British Medical Journal* (August 9th, 1884) told us "has always been fixed between the pharmacologist labouring to elucidate the subtle actions of drugs upon the complicated and intricate human organism, and the therapeutist struggling to apply these results to the successful treatment of disease."

It was homœopathy that explained to Dr. SIDNEY RINGER by the experiments he and Dr. MURRELL made with *jaborandi* that it would prove useful in controlling the night sweats of phthisis. More indirectly the same author is well known to have been indebted for a considerable proportion of the therapeutic suggestions with which his *Handbook of Therapeutics* abound, to

facts that homœopathy had explained to others. Thus Dr. MILLARD of Edinburgh, in a letter to the *British Medical Journal* (October 9th, 1886) in reply to one by Dr. MACDONALD, of Liverpool, who had ascribed his knowledge of the value of small doses of *liquor hydrargyri perchloridi* "when the stools are slimy, with, it may be, blood streaks," to the "valuable observations contained in Dr. Ringer's book," writes: "I did not obtain my information of the use of *hydrarg. perchlor.* from Dr. RINGER'S excellent work, but from probably the same source that Dr. RINGER obtained his, of which, to any one who knows, the book contains many traces, viz., from homœopathic treatises."

What homœopathy explains to the practitioner is, what medicine will prove curative in a given case. It enables him to grasp a *fact*. It does not explain to him the way in which the medicine he gives, in accordance with the principle *similia similibus curentur*, influences the tissues of the body. To do so would be to offer him a mere theory for his guidance. It is because homœopathy is based upon the solid rock of fact that the President of the British Homœopathic Congress, at Leeds a few days ago, was able to say with absolute truth, that "while the self-styled 'rational' practice shifts and changes with every new theory put forth from the pathologist's laboratory or the professor's study, homœopathy has, in all essentials, remained the same as when first given to the world by Hahnemann; the reason for which is clearly that it is founded solely upon observed facts on the one hand of the effects of disease, both objective and subjective, and on the other of the effects of poisons, and these two series of observations, if carefully and honestly carried out and accurately reported, cannot possibly be falsified by any change of theory, however radical."

The want of an explanation of the *modus operandi* by which a homœopathically selected medicine promotes recovery from disease, interesting and possibly suggestive as one would be, presents no obstacle to the practical application of homœopathy at the bedside or in the consulting room. "Why," wrote a gentleman who, practising medicine according to the teaching of the schools for some years, and then, after a long testing of the principle of homœopathy, homœopathically—"Why

should we not avail ourselves of this great and far reaching law, *similia similibus curentur*, to the end that we may cure our suffering fellow creatures quickly, safely and pleasantly, notwithstanding that there remain mysteries to be solved as to the *modus operandi* of drugs so chosen? Surely it is wiser and more useful to cure first of all, and to endeavour to explain the way in which the cure was effected afterwards, than it is to theorise first as to how we should select our remedy, with the result of so often finding that our poor fallible human reasoning was at fault and that our medicine had done no good because it was the wrong one, and the wrong one because the theory that suggested it was erroneous." *

Well might the gentleman from whom we have quoted entitle his essay *From Empiricism to Homœopathy* and give expression to his sense of the change in the motto he adopted—"*Post Tenebras—Lux.*"

HAHNEMANN AND MODERN PATHOLOGY.†

By Ed. M. Madden, M.B.

It is always a difficult matter to fix upon a suitable subject for such an address as that which must be given at the opening of a Medical Congress, and the difficulty is largely increased when the responsibility of the choice falls upon any one, like myself, who has made no special subject the object of prolonged research, or study, and who has not been accustomed to the delivering of lectures or the writing of treatises.

I have had no experiences which have not been the common lot of all of you who have been engaged in the practice of our common profession, in accordance with the rule of treatment which we all acknowledge, and in which our confidence and reliance only deepen with the extent of our experience and the faithfulness with which we follow its dictates.

I feel, therefore, that I have nothing new to teach you, and that there is no need, even if I had the power, to attempt to strengthen your trust in the truth and practical usefulness of our rule *similia similibus*.

* *Monthly Homœopathic Review*, vol. xxx., p. 293.

† Being the Presidential Address to the Annual Homœopathic Congress, held at Leeds, on 19th September.

Still less do I feel myself able to do that which was the ambitious dream of my youth, viz., to give to the world, with all the authority which the position as your President affords me, such a convincing proof of the sweet reasonableness of our doctrine and the infinite superiority of our practice as would convert our opponents, whom we would fain call our colleagues, and persuade them one and all to share in the advantages we possess; unfortunately there is no power of conviction in mere words, on such a subject, and only experience, which they persistently reject, *can* give confidence in a method of practice which from their student days upward they have been taught to look upon as delusive humbug and not worth serious examination; so though we pipe unto them never so sweetly they will not dance, but will rather stop their ears and continue deaf charm we never so wisely.

On looking round, then, for some suitable subject for my address, I naturally turned to the addresses given in former years by the occupants of this chair, and could not but be struck by the prominence which, especially of late, has been given to the importance of pathology for the fullest practical developments of our therapeutic doctrine. Such a prominence is all the more noticeable when we remember that it has for long been one of the popular fallacies, accepted by the public at large and by our professional opponents in particular, and unfortunately more or less adopted by some of our own apologists, that homœopathy not only can be, but is, practised with a sublime disregard to pathology altogether, and may safely be practised by those wholly ignorant of it. Against this belief we cannot too often, nor too strongly, protest; it neither is, nor ever could be, true.

In saying this, however, one must always guard against misapprehension by drawing a clear line of demarcation between pathological facts and pathological theories: it is the former only, the facts, which neither we nor any other practitioners can, or can even wish to, shut our eyes to; to the theories on the other hand we, like any other, may keep an open mind, and while they are intensely interesting, and often most useful to enable us to draw a clear mental picture of disease to ourselves, we should ever recognise that another gener-

ation may annihilate the theories at present most popular just as surely as we have discarded the humoral or phlogistic theories of the past, And it is one of the boasts of homœopathy that, while the self-styled "rational" practice shifts and changes with every new theory put forth from the pathologist's laboratory or the professor's study, it has, in all essentials, remained the same as when first given to the world by Hahnemann, the reason for which is clearly that it is founded solely upon observed facts, on the one hand of the effects of disease, both objective and subjective, and on the other of the effects of poisons, and these two series of observations, if carefully and honestly carried out and accurately reported, cannot possibly be falsified by any change of theory, however radical.

They may, however, be, and constantly are being, extended in both fields of observation, especially in the microscopical and biological directions, to an extent almost inconceivable and therefore undreamed of in the days of Hahnemann, and it was largely to this extended series of observed facts, and their importance to homœopathy, that my predecessors rightly drew our attention.

I thought then that it might possibly be interesting and instructive if I could examine and compare the knowledge of Hahnemann on the facts of pathology, and the theories he held concerning them, with those of the acknowledged authorities of the present day. For this purpose I re-read the *Organon*, but had not got very far before I was struck by the remarkable parallelism of thought, as it seems to me, between some of the latest conclusions of pathological workers and the line of reasoning followed by Hahnemann, especially in that part of his work which he has devoted to the explanation of how and why drugs should act according to the law of similars in curing diseases.

And it is to this parallelism, rather than to the larger comparison, that I wish to draw your attention to-day.

I shall best be able to do this, I think, and shall in any case be following the natural chronological sequence, by considering first the views of Hahnemann.

Now Hahnemann knew as well as any one that the truth or falsehood of his doctrine "*similia similibus*" could in no way depend upon the explanation he could

give of its *modus operandi*, any more than the truth of Newton's law of gravity can depend upon the explanation, usually accepted, as to the action of waves of ether: but he recognised, and no doubt felt himself, the universal human demand for an answer to the questions How? and Why? with reference to phenomena, and especially such as appear to act in a contrary way to what one would naturally expect.

Let us see, says he in effect, how nature acts when, as is not uncommonly seen, one disease is removed by the appearance of another.

This is never seen, he tells us, when the new infection is of a different kind from the already existing one, for in such a case (of which he gives many examples) either the two diseases run a concurrent course with complex symptoms, or the stronger infection for the time being suppresses the weaker and runs its course unimpeded in any way, and when this has come to an end, the weaker infection resumes its course unaltered by its temporary suspension. "Totally different, however" to quote his own words, "is the result when two similar diseases meet together in the organism, that is to say when to a disease already present a stronger, similar one is added. In such cases we see how a cure can be effected by the operations of nature, and we get a lesson as to how we ought to cure."

Of this he then proceeds also to give numerous examples, amongst others the marked effect of cow-pox, or vaccination, in modifying an attack of small-pox coming on while the cow-pox is near maturity.

"Nothing," he then adds, "could teach the physician in a plainer and more convincing manner what kind of artificial morbific potency (medicine) he ought to choose in order to cure in a sure, rapid and permanent manner, agreeably to the process that takes place in nature."

He then argues that the morbific effects of medicines are essentially more powerful on the human frame than what he calls the "natural morbific irritations" which start all diseases whether infectious or otherwise; because, while each one's receptivity to disease is entirely conditional on the state of his health at the time of his exposure to its attack "it is quite otherwise" to quote the master's words "with the artificial morbific potencies which we term medicines. Every real medicine, namely

acts at *all* times, under *all* circumstances, on *every* living human being and produces in him the symptoms peculiar to it (distinctly perceptible if the dose be large enough) so that evidently every human organism is liable to be affected, and, as it were, inoculated with the medicinal disease at any time and absolutely (unconditionally), which, as before said, is by no means the case with the natural diseases."

In favour of the advantage to be gained by exchanging a natural for an artificial (medicinal) disease is the much shorter duration of the effects of the latter, which always tend to a spontaneous limitation, when not absolutely lethal, when the administration of the drug is stopped, and the absolute control of the dose in the hands of the physician.

To sum up this argument in his own words once more, Hahnemann's first suggestion as an explanation of homœopathy was that "When a homœopathic cure is accomplished by the administration of the medicinal potency selected on account of an accurate similarity of symptoms, a somewhat stronger, but similar, artificial morbid affection is brought into contact with, and as it were, pushed into the place of the weaker natural morbid irritation, against which the instinctive vital force now merely (though in a stronger degree) medicinally diseased, is then compelled to direct an increased amount of energy, but on account of the shorter duration of the action of the medicinal potency that now morbidly affects it, the vital force soon overcomes this, and as it was in the first instance relieved from the natural morbid affection, so it is now freed from the artificial (medicinal) one, and hence is enabled again to carry on healthily the vital operations of the organism."

This is at all events a lucid and comprehensible theory, capable of being laid down in the form of a few short logical aphorisms as follows:—

1. When in nature two diseases affecting the same organs in similar manner meet together in the same person, the stronger disease overcomes and drives out the weaker.

2. Medicines are capable of affecting the same organs and producing the same symptoms as natural diseases in very many cases.

3. The artificial diseases produced by drugs are stronger than similar diseases produced in other ways.

4. Therefore, when in a case of natural disease a medicine is given capable of producing the same disease artificially, the medicinal disease will drive out and take the place of the natural one.

So far all seems plain sailing enough, provided you grant the premises—rather a large "If" I allow—but one the discussion of which is outside my present purpose.

But when, to this conclusion, Hahnemann added the corollary that for the purpose of cure it was in all cases sufficient to give the smallest possible dose of the correctly chosen drug, of which perhaps massive doses had been required to produce the artificial imitation of the disease being treated, he stretched the third aphorism as to the greater strength of medicinally produced diseases compared with natural ones almost to the breaking point, if not beyond it; and it would almost seem as if he had himself felt that this link in his chain could not stand the strain he had put upon it, because in later years he published another and different explanation of the action of homœopathic medicines, and one much less difficult to reconcile with the action of small or even infinitesimal doses.

He premises first that "our organic force by itself only suffices to preserve the vital operations in good order as long as the individual is not morbidly deranged by the inimical influence of morbific potencies." When diseases attack it therefore "*by itself*, it is not a match for them; it opposes them with a power scarcely equal to the attacking force, and that with various indications of suffering on its own part (which we term symptoms of disease), but by its own power it could never overcome the chronic-disease enemy as it cannot conquer even acute diseases without considerable loss of portions of the organism," *i.e.*, loss of weight and strength, "if it were to remain without assistance from without." "*With a scarcely equal* opposing power, I repeat, the vital force advances against the hostile disease, and yet no enemy can be overcome except by a superior power"—of course we Englishmen know that this superiority does not necessarily consist of size or numbers; but to continue —"of itself, this principle that animates us, this vital force, merely organic, only designed for maintaining

undisturbed health, opposes to the advancing hostile disease only a weak resistance, and as the disease progresses and increases in intensity, a greater resistance but (at best) one that is only equal to the hostile attack, in delicate patients not even equal, often only weaker; for it is incapable of offering an overpowering opposition without self hurt or suffering."

"But if, by means of the action upon it by homœopathic medicines, we physicians can represent and oppose to this instinctive vital force its enemy the disease, as it were, increased—however little increased—and if in this manner we magnify to the perception of the vital principle the picture of its enemy the disease, by homœopathic medicines that produce an imitation of the original disease or illusive resemblance to it, we therefore by degrees cause and compel this instinctive vital force gradually to increase its energy, and to go on always increasing it more and more, until at length it becomes much stronger than the original disease was, so that it can again become the autocrat in its own organism, can again take the reins and direct the organism on the way to health, whilst in the meantime the apparent increase of the disease produced by the homœopathic medicines disappears spontaneously, whereon we, witnessing the re-established preponderance of the vital power, that is to say, the re-established health, cease to administer these remedies;" since finally "it is the organic vital force of our bodies which itself cures natural diseases of all kinds," and it is enabled to do this "in a direct manner and without sacrifices, whenever by means of the proper (homœopathic) medicines it is placed in a position to conquer."

I must ask your kind indulgence for the length of the quotations I have found it necessary to make while giving the foregoing accounts of Hahnemann's two suggested explanations of the cure of disease by drugs chosen homœopathically; but, in the first place, I could not in any shorter or more condensed form have given full justice to his views and the chain of argument by which he sustained them; and, in the second place, there is to the present generation a quaint, old-fashioned style about much of his phraseology, and there will be to all time a sterling ring of unshaken conviction and evidence of a predominating will in the words of the master which

could only be spoiled, if not entirely destroyed, by any attempt at paraphrasing or modernising it. All I have done therefore has been to choose, arrange and piece together, with a few words of my own, such portions of his writing as seemed to me best calculated to give in a clear and concise form the gist of his arguments. And those of you who best know the *Organon* will know that I have left out many large portions which, though germane to, did not seem to be essential to the argument; for Hahnemann, with the true spirit of his time, was not only a luminous but also a voluminous writer.

At first sight one is inclined to think that these two views, if not indeed necessarily mutually exclusive, are at all events so widely different that they cannot both be true. On further consideration I believe they will be found both to contain a truth, and an important truth, and that their difference is not so much inherent in themselves as a difference in the point of view.

Of all the views of homœopathy, I must confess that the first one put forward by Hahnemann has to me far the most fascination, for the simple reason that it is in such absolute analogy with so many undeniable natural phenomena capable of scientific proof and demonstration whenever it is demanded. This is not the time and place to enter into this enquiry, which indeed has been done by several of our body already, among whom I may be permitted to mention the names of my late father, Dr. H. R. Madden and Dr. Butcher.

It will be sufficient to recall to your minds the instances they brought forward, among others, of the repulsion of the positive pole of one magnet for the positive pole of another, the black line in the spectroscope of sun-light when passed through the vapour of sodium, for example, in the exact position of the bright line produced by a light resulting from the combustion of sodium; the absorption of all sound when a musical note has to pass over wires tuned to vibrate to the same note, and the calm produced at the points of intersection of two waves of equal lengths in water, thus showing how the same law holds good in all the varied manifestations of natural force, and why not therefore in the realm of vital force too?

For if it is true that,

"One fire burns out another's burning,"

may we not have full confidence in following the advice contained in the last lines of the same quotation from our immortal Shakespeare:

"Take thou some new infection to the eye
And the rank poison of the old will die."

But what I wish specially to point out to you is that, whether consciously or not, these ideas of Hahnemann are fundamentally the same as those which underlie much of the work and thought of our modern pathologists.

Reference has already been made to vaccination, which Hahnemann clearly claims as an example of *similia similibus*, and it is openly confessed that the work of Pasteur and his followers is only the carrying out into other departments, and with infinitely varied detail, the work of Jenner already done in regard to small-pox. So much is this the case that it is quite common, though etymologically absurd, to talk of "vaccinating" for hydrophobia, charbon, cholera or what not. We note that in the production of an artificial immunity against any specific disease great care is taken in various ways to modify, and not alone in strength, the original virus, so that the artificial disease produced is never an exact full reproduction of that against which it is intended to protect; and it cannot fairly be claimed, except in a few cases perhaps, that where true immunity is produced it is because the man or animal operated upon has practically had an attack of the original disease, but it may very fairly be claimed that he has had an attack sufficiently resembling it to be called a simile if not a simillimum.

Thus, for example, in vaccination itself, either the virus of an idiopathic case of cow-pox is employed, or the true small-pox virus is modified by being passed through the calf, and no one who has ever seen true small-pox can pretend that vaccination produces anything but a very mild imitation of it, yet there are very very few practical physicians who even now, in spite of the vigorous anti-vaccination crusade, doubt that so long as the system is affected by the one it remains practically immune to the attacks of the other.

In Pasteur's inoculations again, not only is the original virus passed through the system of another

animal, which by experiments has been proved to develop the disease in a less virulent form than others, but the poison itself has been first most carefully diluted and exposed to various modifying influences before these intermediate "subjects" are innoculated. One must admit that hitherto this line of work, so far as it relates to the treatment of disease already begun, at all events in the human subject, has not been crowned with the success which had been hoped and expected; probably, before we can get the full benefit of this treatment in disease we shall have still further to modify the doses given in the manner familiar to all who practise homœopathically, and already there are a sufficient number of thoroughly competent and honest observers who have published satisfactory results from the use of disease viruses, or nosodes as we call them, administered in somewhat infinitesimal doses, to make one look for a great development in this direction; while the universal use since Hahnemann's own time of the venom of insects, serpents, &c., is all on the same plane. On the other hand, there have been undoubtedly magnificent results obtained among the lower animals by Pasteur's inoculations for the warding off of several most fatal and widespread epidemic or endemic diseases, results which are said to have saved thousands, if not millions of lives, and which in themselves, even if they stood alone, are a sufficient answer to those who doubt whether experiments on living animals are justified by the ends attained.

Quite recently, too, there have been made experiments still more exactly following out Hahnemann's line of thought, as to whether it is possible to produce an artificial immunity to a disease by rendering an animal insusceptible to poisoning by a substance which produces as nearly as possible an exact imitation of the disease.

I quote from the Epitome of Current Literature in the *British Medical Journal*, p. 35. Vol. 1, 1894, headed "Immunity to Infections Produced by Establishment of Tolerance to certain Drugs."

"Rummo (*Rif. Med.* January 10th, 1894) gives some information on this point, having special regard to the antagonism between a tolerance to *strychnine* and susceptibility to tetanus.

"Tolerance to nearly all poisons can in a greater or less degree be set up in animals and also in the human

subject, as witness the indifference of the Styrian peasants to large doses of *arsenic*, which is even transmitted to their offspring. Tizzoni and Cattani have demonstrated that immunity to tetanus toxins is in a measure transmitted, and Ehrlich has established similar facts with regard to several less known poisons of vegetable origin. It is generally admitted that immunity to the action of bacteria following preventative inoculation is due, principally at least, to a protective action of the corresponding toxins. Starting from these accepted facts, Rummo has sought, by establishing a tolerance to *strychnine*, a substance producing physiological effects much resembling those of tetanus, to protect animals against that disease. With considerable difficulty the author was able to produce a fair amount of tolerance to *strychnine* in a small series of guinea-pigs, so that they resisted a dose of 3½ milligrammes when introduced into the stomach. All these, as well as several controls, were then inoculated with a culture of tetanus. The controls all died in from six to ten days; some of the less saturated guinea pigs developed slight symptoms of tetanus, from which however they recovered; those in which a maximum degree of tolerance had been set up did not develop any sign of the disease. 'Mithridatism,'' therefore, as it is called, must also be added to the means available for producing immunity against certain diseases."

Here, then, we see Hahnemann's idea carried out literally—the production of an artificial drug disease holding at bay one of the most violent and fatal natural diseases; and it seems to me that "Mithridatism" may fairly be called an example of pure, though certainly crude, homœopathy.

Nor is this the only, or the first, instance of the same experiment; for some years ago when a case of small-pox appeared on board a crowded emigrant ship, the surgeon, not having a supply of vaccine lymph on board, and knowing that antimony produces an eruption as nearly as possible the same as the vaccine vesicle, inoculated the whole ship's company with antimonial ointment, and with complete success, not a single other case of small-pox having appeared.

This is a direction well deserving of, and which will no doubt receive, further development; and it is

difficult to believe that it will not, sooner or later, dawn upon the minds of our orthodox colleagues that they are all examples, each tending more and more to confirm the rule of *similia similibus*, at all events in the department of preventive medicine.

I will ask you now to glance with me at another field of the work of modern investigators into the causes of disease and how they may be prevented or resisted.

It has long been known to histologists that one constant phenomenon in the process of inflammation is a gathering together, at the seat of infection or injury, of large numbers of white blood corpuscles, or leucocytes, and certain other similar cells, which are all endowed with amœba-like powers of contraction, expansion and independent motion by means of which they are enabled to pass through incalculably small openings in the walls of the blood-vessels and collect together outside them. Why they did so, long remained unsatisfactorily explained, but in 1884 Metchnikoff demonstrated that another amœboid faculty which they also possessed, viz., that of surrounding or swallowing, so to speak, other smaller particles of animal matter and acutally digesting them, so that they became incorporated into their own substance, was, in the case of inflammation and certain contagious infections, made use of for the imprisonment, and ultimate destruction, of the microbic organisms of contagion which would, if left at liberty, have set up septic processes in the wound or other seat of invasion, if not in the general system.

This phenomenon has been called by its describer phagocytosis, and though much discussed, and in some ways modified since his original communication on the subject, it remains still an article of faith to this day among pathologists and bacteriologists.

Many wonderfully ingenious and surpassingly interesting experiments have been made by Metchnikoff and others in the course of the investigations on this subject —chiefly with the infection of erysipelas, the well-known streptococcus—and though they are probably well known to you all, perhaps you will pardon me if I recall to your memories one or two of them somewhat in detail.

It had been shown many years ago by Volkmann and Stendener that in erysipelas the inflammation spreads along the course of the blood vessels and intercellular

spaces, and that in the skin, where the process can be easiest followed, it produces a raised border, which can be felt by the finger and seen as a reddened zone. By investigating the fluid obtained from this zone, by tapping with a perforated needle, it was demonstrated that the congestion and swelling was due to exudation of liquid containing leucocytes in great numbers, which in process of time were disintegrated and absorbed. Lukomsky, guided by the consideration that the cause of this condition of inflammation was likely to be found, if at all, in the area of apparently sound skin immediately outside the spreading zone, was able to demonstrate that the first stage in the process of erysipelas—the stage that is just in advance of the visible inflammation—was the choking of the lymphatic channels of the corium with micrococci.

Koch and Fehleisen carried the examination one stage further when they showed that while, as Lukomsky had already shown, the cocci abound in the apparently healthy skin just outside the zone; at the edge of it, where inflammation is commencing, the leucocytes abound, but the cocci are very much fewer, and those that are there are altered so that they can no longer be stained, while further in still they have disappeared altogether. Right here, as our American friends would say, come in the observations of Metchnikoff, who showed that in those cases where the inflammation was running a favourable course many of these leucocytes were filled with streptococci, although many others were found free from them also; while in cases which were "going wrong" hardly any leucocytes were found containing the incorporated microphytes, and indeed the leucocytes were not present in any unusual excess at all; hence he drew the natural conclusion that the cause of the disease-bearing germs gaining the victory in the latter case was that there was not sufficient inflammation, which he has thus taught us to look upon as a natural measure of protection.

Among many other experiments confirmatory of the above conclusion, the following is a typical example: It has been found that splenic fever, so fatal to rabbits, is, under ordinary circumstances, incommunicable to the frog. When a small piece of the liver or spleen taken from a rabbit suffering from this disease is introduced

under the skin of a frog and examined again after the interval of two or three days, it is found to be completely coated by a gelatinous exudation; on submitting this exudation to microscopical examination, it is found to be largely made up of leucocytes, which are crowded with bacilli in all stages of degeneration, and in the end the frog remains none the worse. But if the same experiment is repeated, and the frog is kept at a temperature of 38° C., which paralyses the activity of the leucocytes, the natural immunity of the frog is abolished and it invariably dies.

By a series of remarkably delicate and carefully devised experiments it has been shown that the imprisoned micrococci do not by any means lose their capacity for producing disease as soon as they are swallowed by the leucocytes, in other words they are not killed before being eaten, for certain leucocyte cells have been separated from their surroundings, the contained cocci set at liberty and cultivated in a suitable medium and afterwards introduced under the skin of mice, guinea pigs and rabbits, when they have been found to produce their natural poisonous effects as powerfully as if they had never been submitted to phagocytosis.

One other point, which is of especial interest to us in particular, is that it has been found that the protective inflammation and arrest of the poisonous effects of these micro-organisms is much more certain and powerful when a small dose only of the poison is introduced, a large dose often apparently paralysing the leucocytes in their endeavours to arrest the progress of the invading force.

Further investigations by Dr. Nuttall and others, both in the living body and in cultures outside it, appear to prove that the fluid lymph and other tissues possess the power of disintegrating and therefore destroying the micrococci of disease, and it has hence been concluded that it is due to a natural antidotal poison,—supposed to be chemical in its action—possessed by the whole organism and shared in by the leucocytes, that the invasion is arrested rather than by the phagocytic action alone, but no one doubts that this does exist and is a most important element in arresting the advance of infection, even if only by the mechanical imprisonment

of the micrococci, and hence the inflammatory process by bringing the leucocytes in large numbers to the seat of invasion is a directly protective process on the part of the organism against diseases of this class.

It has come therefore to be accepted that the acute symptoms of fever and inflammation are in many cases to be looked upon as an evidence of the strength of nature's struggle against the disease rather than the product of the disease itself, and that it is in the highest degree detrimental to the patient to attempt to arrest them, even if we should not rather encourage, and if possible increase these natural efforts; the latest expression of which views may be found with almost unqualified approval in the opening address to the section of medicine this year by Sir W. Broadbent at the meeting of the British Medical Association, though in another part of the same address he speaks with the utmost contempt of homœopathy as "still haunting, like a belated ghost, the dawn of scientific medicine." How hard it is to make a man see that which is before his very eyes, if he would only look at it fairly!

But to proceed, the last example of modern research to which I wish to draw your attention partakes more or less of both classes of experiments which we have already considered; I refer, of course, to those in reference to the production of an artificial immunity to diphtheria and the use of antitoxin diphtheria in the treatment of the acute disease.

In the course of experimenting on this subject it was soon found, by numerous observers, that a cultivation of the pathogenic microbes of this disease could be filtered in such a way that all the micro-organisms were left behind, and yet still an injection of this filtrate set up all the symptoms of the disease as surely as an injection of the living bacilli, hence it was at once evident that the method by which these particular germs, at any rate, produced disease was by the production of a poison in the medium, whether inside the body or out of it, in which they lived and multiplied.

In point of fact this poison, or toxin, has been separated and examined when produced outside the body, and has been found in the tissues of an animal infected by the disease, and has been shown to be of the nature of a ferment.

It was further shown that by repeated weak doses of this pure toxin a condition of immunity could be produced, not only against a fatal dose of this same toxin, but also against a fatal dose of the bacilli themselves.

But the most important and sensational discovery was that made by Behring and his fellow workers, viz., that the blood or blood serum taken from an animal thus made immune to either diphtheria or tetanus, and injected in certain proportions into other animals, made them also immune to the same disease, or acted as a curative agent in those already affected by it. And from these experiments there has arisen the whole theory and practice of treatment by the so-called anti-toxin injections for the cure of diphtheria, tetanus and some other diseases. It has been suggested by some that these injections of lymph taken from immunised animals act curatively, because they contain attenuated doses of the original toxin and not in virtue of any anti-toxic element it is supposed to contain, and that they are thus examples of unconscious homœopathic practice. Such a conclusion, however gratifying it might be to us, I fear cannot be maintained, as it has been shown that the anti-toxin lymph destroys the vitality and morbified power in the bacilli which are introduced into it outside the body as well as within, so it is no longer possible to doubt that a real anti-toxic element does exist in such lymph. Two theories only have been so far advanced to account for the formation of this anti-toxin; one, by Buchner, that the toxin itself which is produced by the bacilli in the infected body is by the action of the tissues converted into its own antidote; the other, by Behring and Roux is that it is the product of the tissues themselves stimulated by the presence of the toxin, and is thus produced or secreted in self defence, in almost exactly the same way as we have seen to be the case in regard to the streptococcus of erysipelas, and the balance of evidence is decidedly in favour of this conclusion.

Such then, in brief, is the history of some of the most recent investigations, and the conclusions or theories founded upon them in the province of bacteriology and pathology, and the parallelism which they present to Hahnemann's later speculations as to the resistance of nature to the onslaught of disease, and our duty therefore to endeavour to assist this resistance rather than to

oppose the disease *per se*, is so self-evident as to need no punctuation on my part.

Whether the precise methods by which our allopathic brethren are endeavouring to put these indications into practical use will stand the test of time or not, is no part of my present purpose to discuss, though there are not wanting indications that they will have to be considerably modified to avoid the manifold dangers with which they are at present accompanied; but the conclusive evidence these investigations afford of the manner in which such diseases attack the organism, and the way in which nature attempts to free itself from their invasion, will remain for all time, being as they are, the result of the surest of all methods for arriving at truth, careful inductive experiments.

Whether also Hahnemann, with his intense humanitarian sympathies, whose proudest boasts were that he had given to the world a system of therapeutics which had robbed the healing art of the terrors it had hitherto possessed for the sick and the suffering, and that he had been one of the first to recognise the wicked cruelty and uselessness of the system of treating the insane, universal in his day, and to put into practice the humane system which is universal now—whether he, I say, could ever have looked with approval upon experiments such as we have been considering, and which necessarily involve the deliberate infliction of disease, pain and death upon a large number of our dumb fellow creatures, may well be doubted; still less can we think of him as taking part in them.

For all this it can only be a matter of congratulation to us to see that these researches, conducted by the most highly trained scientific experts of the present day, and by methods impossible and undreamed of in his lifetime, do, so far as they bear upon the subject at all, entirely confirm Hahnemann's conclusions based only upon his observations of disease and its cure: nor, indeed, can this be a matter of surprise, but rather the contrary, for we know that he was one of the most careful and accurate observers of nature and had one of the keenest intellects, trained as highly as was possible in his day; we believe, too, that the physiologists of to-day are the same, and knowing as we do that Nature through all her many phases yet remains the same, working on the same

plan, by means of the same laws, and using the same forces to all her varied ends, it would be impossible for any true students of the workings of Nature to reach conclusions out of harmony with one another.

I will conclude with one more quotation, which gives in the most perfect poetry of the present age some of the later thoughts of my address.

"Yet I doubt not thro' the ages one increasing purpose runs,
And the thoughts of men are widen'd with the process of the suns."

"For knowledge is of things we see,
And yet we trust it comes from Thee,
A beam in darkness—let it grow."

Gentlemen, it depends upon us, on our work and our enthusiasm for it to quicken and extend the growth of that beam of light thrown by Hahnemann across the chaotic blackness of the therapeutics of his day, for though it has done much already, much still remains to be done by us or our followers before we can claim to have reduced the chaos to order and turned the darkness of chance or tradition into the clear light of a fixed law. Let us one and all use our utmost endeavour, each in his own way, to "let it grow."

ON LEAD POISONING.

By Charles Harrison Blackley, M.D.

In its fully developed forms, the symptoms of lead poisoning are such that the youngest practitioner of medicine can have very little difficulty in correctly diagnosing them. It is in the earliest and the mildest stages of the malady, however, that the great difficulty lies, whilst it is at this period that we have the best chance of checking the further development of the terrible mischief to which lead poisoning sometimes gives rise. It is for this reason that a correct diagnosis of the nature of the disease is of the greatest importance to the patient as well as to the physician.

As I have, of late, been having some additional experience of this malady, and as I have, even with a fairly large experience of the disease, felt somewhat of the difficulties alluded to above, it has occurred to me that it might be well to put on record some of the most

important and well-marked cases that have come more or less directly under my own observation.

Whilst not neglecting the general phenomena of lead poisoning, an effort will be made to give prominence to, and, as it were, to emphasise some of the earlier and also some of the milder symptoms of the malady, and to place them as much as possible in the order in which they occurred. The form in which I had usually seen lead poisoning in my student years had been either as colica Pictonum or as wrist-drop. In one of the first cases, however, that I had under my own care, in the earliest part of my practice, there was neither the one nor the other of these symptoms. On this account, and for reasons that will appear later on, the case made a considerable impression on my mind and taught me some lessons that have not yet been forgotten.

I.—The patient was a plumber of about twenty-five years of age, and was in business on his own account. He had been a very steady man, and was, I believe, at the time to which I refer, a total abstainer. He had been some twelve years in the plumbing business (including his apprenticeship) but had not experienced any of the usual symptoms of lead poisoning until a short time before he sought my advice. At the time the patient came to see me he was suffering from very pronounced paralysis of the muscles on the left side of the face. On enquiring into the history of the case, I found that in addition to the daily handling of lead in the ordinary course of his business, he had been melting lead in a cellar which he used as a workshop. This place had no ventilation in it, except what could be got by the chimney or by the occasional opening of the door. The fumes of the melting lead thus escaped into the atmosphere, and, as the patient was often bending over the melting pot, he would frequently inhale the fumes and get a full dose of the poison. I could not at the time ascertain exactly how many times this process had been repeated nor at what intervals, but I found it must have occurred many times at varying periods.

The first local symptoms the patient noticed was a slight difficulty in the articulation and, at the same time, a little difficuly in mastication. Succeeding these, there began to be some loss of power in closing the left eye lids. Along with this there was stiffness of the

muscles on the left side of the face with some degree of cutaneous anæsthesia. The lips felt stiff and the mouth was a little drawn to the right side. There was a distinct but narrow blue line on the gums. The mental conditions were also marked by considerable alterations. From being a young man of fairly even temper, he became irritable and excitable, and disposed to keep himself in a state of worry and anxiety. A small matter would sometimes excite him to an extent quite beyond its importance. There were also, at intervals, great mental depression, bordering on a mild degree of melancholia; but this did not remain constant for any length of time, and was now and then succeeded by an opposite mental condition. I advised the patient to give up all contact with lead, but as his living depended upon his more or less constantly working at the business himself, it was not possible for him to do so, unless he entirely quitted the business. This he could not see his way to do, and so the risk of the daily handling of lead had to continue.

If at the time I had had as much experience of this malady as I have now, I should more strenuously have urged the patient to give up business at any cost, at any rate, for a time. As, however, he had remained for many years in daily contact with lead, and had had none of the usual symptoms, I was in hopes that the facial paralysis would give way if he were careful not to get any fresh doses of the poison by inhaling the fumes. Another thing that influenced my opinion was, that in looking over all the allopathic treatises on medicine that I had access to at the time I could find no reference to facial paralysis as a symptom of lead-poisoning.* This rather confirmed me in the opinion that this symptom might give way. It did not disappear, however, and if I had such a case to deal with now, I should strongly urge upon the patient the absolute necessity of quitting all contact with lead—at least, for a time. This, unfortunately, the patient did not do, and subsequent developments showed that it would have been much the wiser course to pursue.

* So far as I have been able to ascertain, this condition of things is the case even at the present time. The only reference that I can find at all to facial paralysis as a symptom of lead-poisoning occurs in our own provings of *Plumbum*, as given in Allen's *Encyclopædia of Pure Materia Medica*.

The patient remained more or less in my hands for some years, but only consulted me very occasionally when the facial paralysis became more troublesome than usual, or when the inability to close the eyelids on the affected side caused inflammation of the conjunctiva. One day, however, I was hastily summoned to see the patient, who had had an epileptic seizure of rather a pronounced character. I found him just recovering from the usual sequelæ of epilepsy. He had had a deep heavy sleep for more than an hour; the tongue was bitten and much swollen; the face was congested and the intellect clouded. He recovered rapidly, and remained free from any attacks for some months. After a time they recurred, and rather increased in force and frequency. After some years it became so dangerous for him to venture upon new buildings, or buildings of any kind, that he decided to give up business. He did so, and after a short time removed from Manchester, so that I lost touch with him, but I frequently heard of him. Up to the time of his death, which happened a few years ago, he never lost the facial paralysis entirely, and still had occasional epileptic seizures.

II.—Another case of lead poisoning that came under my notice very early on in my practice, was that of one of my colleagues. He was about 46 years of age at the time the symptoms first showed themselves. He was not a patient of mine at the time, but as I was in constant intercourse with the colleagues who attended him, and as I did the greater part of his professional work during the last few months of his life, I had every opportunity of becoming acquainted with the nature of the symptoms and of watching the progress of the case. The ailment commenced in a very obscure and insidious manner. At first there were no local symptoms, and not at any time a fully developed blue line on the gums, nor any sign of wrist-drop. One of the earliest general symptoms was a gradual and steadily progressing loss of flesh, with a somewhat anæmic appearance and a slightly sallow tinge of the skin. Depression of spirits was also one of the early mental symptoms. This gradually increased to such an extent that, at times, it became almost unbearable. I well remember the terrible fits of mental depression that came over the patient now and then, and that manifested themselves in conversation

with him. To such length did these go occasionally, that I feared it might end in suicide. Happily it did not, but took another turn in the form of extreme weakness and depression of all the bodily powers, and an indisposition for all kinds of physical or mental exertion. Along with these there were neuralgic pains in various parts of the body, especially in the upper extremities. At times there were violent attacks of pain in the stomach which were then regarded as attacks of gout. A very moderate meal would occasionally bring on a violent attack of spasm of the stomach and cause the whole contents to be violently ejected.

About this time a discovery was made that explained something of the probable cause of many of these troublesome symptoms. It was found that there was a large lead cistern in the upper part of the house where the patient resided, and of the existence of which the present occupiers had no previous knowledge. It was also found that frequently water for tea-making and for other drinking purposes, was taken from this cistern. As soon as this discovery was made the servants were strictly forbidden to draw water from this source for either drinking or cooking of any kind, but it is not at all certain that they constantly obeyed the order. In addition to this a sad mistake was made that rather tended to increase the mischief. As the cistern had been some years in use, it was not over clean, and it was thought well to have it cleaned. A man was hired for this purpose, and, in order to do the work thoroughly (as he thought) he scrubbed the surface of the metal with sand and water. Thus the surface was made almost like new, and, by this process, put into a condition that would the more readily give up the metal to the water. The water was tested and was found to contain quite an appreciable quantity of lead, but I do not now remember the quantity per gallon.

The attacks of pain in the stomach and colic in the bowels, persisted for some time, and then became much less severe and gradually ceased. The emaciation and weakness, however, increased, and the somewhat sudden death of the patient's wife seemed to take away from him all chance of recovery. The weakness and emaciation rapidly increased after this sad loss, and in about three months the patient himself passed away,

apparently from acute marasmus brought on by lead poisoning.

III.—A case of lead poisoning, which resulted in facial paralysis, came under my notice in quite an accidental manner. During the time I was one of the honorary medical officers of the Bloom Street Homœopathic Hospital and Dispensary (Manchester), one of my dispensary patients mentioned to me that her husband had had "a stroke." On questioning her, I found that he had paralysis of one side of the face, and I also found that the wife's real motive was to elicit my opinion on what would be the probable issue of the case. Finding that the man was not under the care of any medical practitioner, I made arrangements for him to come up to my house in order that I might see him. When he came, I found that it was a case that closely resembled the first case given above, but there seemed at first to be nothing in the history of the case that could favour the idea of the ailment being due to lead poisoning. Further and closer enquiry, however, proved that it was unmistakably a case of this kind. The man was a a labourer and, I think, worked for the Manchester Corporation. His duty was to superintend the melting of lead used for the purpose of luting gas or water pipes. The melting pot and the lead contained in it were often made red hot* (so the patient told me), and as he was not aware that the fumes were injurious, he was not at all particular whether he was to the leeward or to the windward of the melted lead. In this way he frequently inhaled the fumes and thus became the subject of lead poisoning. By my advice, the patient changed his occupation, and by the accounts brought to me by his wife from time to time, the facial paralysis quickly began to improve, and finally left him.

IV.—Another case of this malady, but manifesting very different symptoms to any I had seen before, came into my hands also many years ago, and at first gave me some trouble to ascertain how it had originated. The patient was a man about 40 years of age, and was employed as a gardener at a large house in one of the

* Lead, when melted in the open air, oxidises rapidly, if the air contains any moisture, and all the more rapidly when raised to a red heat. The oxide, if kept at a red heat, volatilizes, and in this way impregnates the atmosphere with the fumes of lead.

suburbs of Manchester. When he consulted me he complained of numbness of the lower extremities. When I examined the limbs I found he had cutaneous anæsthesia of the lower half of each leg, also with some analgesia of the same limbs.

These were the only symptoms of any moment that I could then discover, and the difficulty was to ascertain what was the cause, and how the symptoms had originated. On examining the gums I could see only a very faint blue line on them. At that time I placed more reliance on the presence, or absence, of a blue line on the gums, as a guide to the diagnosis of lead poisoning, than I can do at the present time. I have learned that the absence of the blue line is not always a sure indication of the absence of lead poisoning. On this subject I shall have more to say further on.

I persevered in my enquiries, and after some considerable trouble I found that the patient had been drinking water that had been stored in a lead cistern. It occurred in a way similar to that of the second of the cases cited above. The cistern was connected with the bath boiler; and, often when the gardener had occasion to stay later at his duties than usual, a cup of tea was made for him with water taken from the hot tap connected with this cistern. On analysing the water I found distinct traces of lead in it. Although the use of this water ceased at once, the anæsthesia spread a little up each limb; but, very soon afterwards, began to diminish rapidly, and ultimately disappeared.

I have seen a considerable number of cases of lead poisoning that have arisen from the use of some form of "hair restorer" that has contained lead. (Usually *Plumbum aceticum combined with Sulphur*). In my experience with this form of poisoning the most usual leading symptom has been colica Pictonum, but with all there have been wandering neuralgic pains in various parts of the system—especially in the upper limbs. The following cases may serve as examples of this form of poisoning, and it will be seen that amongst these are some variations.

V.—With a patient of forty-six to forty-eight years of age the hair had begun to go grey very early; and in order to check the further progress of this he had begun to use a hair dye that contained a solution of *Plumbum*

aceticum. The first symptom that attracted his attention was that he had headache on first awaking in the morning. This often remained more or less with him during the day, but in a much milder form in the latter part. It came on usually, in its full force, about the time of awaking, but sometimes later, and the earlier it came on the earlier it would begin to modify. Constipation was also a symptom that manifested itself pretty early. Along with the above symptoms the patient began to have wandering neuralgic pains in the arms and legs, and occasionally in the thorax. Following these, he began to have attacks of colic in the bowels, with spasms of the abdominal muscles. These soon became so severe that ultimately I was sent for. In this case I had no difficulty in determining the cause of the trouble. The patient at once told me what he had been using, and put the question to me, "Do you think this can be the cause of all these symptoms?" My reply was that I was pretty sure the hair-dye was the cause of most, if not all, the trouble. The cessation of the use of the hair-dye soon led to a rapid improvement of all the symptoms, and, in the course of a few months, to their entire disappearance. The neuralgia in the arms and the thorax was the last to disappear.

VI.—In another example of lead-poisoning arising from the same cause the patient was a maiden lady, of about 45 years of age. In this case it took me some little time to get at the real cause of the malady.

Pain in the pit of the stomach was the first symptom that showed itself. Along with this was severe nausea at times, but no vomiting. As the patient had had symptoms of ulceration of the stomach some 25 years before, I was at first inclined to regard this as a threatening of the same thing; but in this I was mistaken. At length I happened to see a bottle on the mantel-piece in the bedroom, which, on examining, I found to be a bottle of "Mrs. ———'s Hair Restorer." Until this discovery treatment had, for two or three weeks, led to no improvement, but as soon as the use of the offending material ceased rapid improvement set in.

VII.—A younger sister of the above patient, seeing the apparent improvement the use of the hair restorer seemed to have made in the appearance of her sister's

hair, began to use it for herself a couple of weeks before I was called in. In this case, however, the symptoms were very different in character, and were more limited than they had been in her sister's case. Pain in the head, coming on in the early morning, was the leading and almost the only symptom. But as the hair restorer had been a much shorter time in use than in the other case, this might account for the paucity of the symptoms. It is hardly necessary to say that the use of the hair restorer was at once left off, and that a rapid improvement and an ultimate cessation of all the symptoms was the result in each case.

VIII.—Another case of the kind given above came under my care a few years before I left Manchester. The patient was a lady about fifty years of age, and was suffering from what were supposed to be attacks of bilious headache. These attacks were very severe and usually came on at night, and for several hours entirely prevented sleep. The pains were of an expansive character, or what the patient described as "a bursting feeling in the head." In the day time the pains usually moderated considerably, so as to be more bearable than they were in the night. As soon as midnight passed, however, they came on in an increased degree with the regularity of clock work. As the patient had just commenced the climacteric period, I thought it quite possible that this change had something to do with the attacks. On thinking over the case, and on looking over the symptomatology of several medicines, it occurred to me that it was not unlike what we get in some few cases of lead poisoning. As far as the drinking water was concerned there was apparently no possibility of this being contaminated with lead. The patient was using the same water (Manchester water) that my own house was supplied with, and she had no lead cistern in her house. On my enquiring if she used any form of hair dye, both the patient and her sister appeared to be quite shocked that I should imagine that she would use anything of the kind, so I was inclined to think that for once I was on the wrong scent. In a morning or two after, however, I happened to visit the patient earlier than I was expected. As I had a train to catch and my time was limited, I asked to be shown up to the patient's bedroom at once. This led to a discovery. As I passed

the dressing table I saw what appeared to me to be a bottle of cosmetic of some kind that had recently been used. On examining this I found it to be a bottle of Mrs.——'s Hair Restorer. I simply held up the bottle to the patient's view, with the remark, "This is the cause of all your trouble."

The following day I got a very polite note from the patient, asking me to discontinue my visits for a short time, and they would let me know when they wished me to go in again. That time never came, but a few weeks after my last visit I met the lady and found that her hair had changed from a glossy brown in colour to a sharp grey. Subsequently I learned from a friend of the lady that the headaches gradually ceased, the use of the Hair Restorer being, of course, discontinued.

A case of lead poisoning that shows the action of the drug in altering the mental condition, came under my care some time before I left Manchester.

IX.—The patient was a young man of about 22 years of age. He came under my care for what appeared to be symptoms of melancholia with which he had for some time been troubled. At first my impression was that these were due principally to self abuse (to which he had partly confessed). This foregone conclusion, for a time, took me off the right scent; and the more readily so, that, for a while, he improved under treatment. But the improvement was not durable. There were frequent relapses which I imagined were due to his own indiscretion. Along with this mental depression, there began after a time to be a considerable amount of headache with neuralgia of the upper extremities. The mental depression increased and was occasionally so bad that he would remain in bed for a day or two at a time under the impression that he was, from weakness, not able to do his ordinary work.

Enquiries about the possibility of the ailment being in any degree due to lead poisoning, did not at first lead to any information that would justify me in concluding that this could be the cause of the malady. They had a cistern in the upper part of the house which they believed to be of galvanised iron; but, ultimately, I found that they had not taken the trouble to examine it. The invasion of occasional attacks of colic (slight at first) caused me to determine to examine the cistern

myself. This put me on the right track. The cistern alluded to I found to be a large lead cistern connected with the bath boiler in the kitchen. As in other similar cases the servants were instructed not to use water drawn from this source for tea making or for cooking, but in most instances paid very little attention to the order. It was ascertained that, when pressed for time, they regularly drew water from the hot water tap, and this was very often, as it was the patient's duty to be away early before any of the other part of the family were down to breakfast. In this case there was at the commencement of the ailment no blue line and later on it was only very faint. The disuse of the water, as in other cases, soon led to an improvement, but, as the use of the contaminated water had been going on for a considerable time before the source of the mischief was discovered, the improvement was not very rapid. It is also worthy of note that the symptoms had been somewhat irregular in their manifestation, but it was also found that the drinking of the water had also been very fitful; sometimes a week or ten days would elapse and no water for the use of the patient would be drawn from the tap communicating with the cistern. In this way the fitfulness of the symptoms might be reasonably accounted for.

(To be continued.)

ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF APIS VIRUS.*

By Alfred C. Pope, M.D.

(Concluded from p. 426.)

Before leaving the consideration of the remedial sphere of *apis* in laryngeal and pulmonary disorders, it is interesting to note that the late Mr. Lord, veterinary surgeon in the army, found *apis* eminently useful in a cough in horses, which he traced to sub-mucous infiltration of the larynx. The cough, he says, is suffocative, painful, with much dyspnœa. The fits of coughing are frequent, and readily produced by the slightest pressure on the larynx. As illustrations he records two cases in both of which recovery promptly followed a few doses of

ten drops of *apis* 1, and the animals were sent to work in forty-eight hours after its administration was commenced. (*Brit. Jl. Hom.*, vol. xxvii., p. 309.)

The œdema, which has been shown to be so characteristic a feature of bee-poisoning in the pharynx, larynx, and trachea, is equally well marked in all parts of the body where the skin is loose with a considerable amount of underlying connective tissue. The eyelids are very commonly and very considerably affected in this way. Wherever this symptom is present *apis* will be one of the first medicines to be thought of, and a comparison of its pathogenesis with the condition of the patient will very frequently prove it to be the remedy for that particular case.

The swollen and puffed appearance of the eyelids is attended with soreness, tickling and itching in them, and very generally there is at the same time a dull, heavy, tensive pain over the eyes and felt through the orbits.

In addition to the œdema, the eyelids look red, and are the seat of a burning, stinging sensation. The irritation in the lids extends to the lachrymal sacs, giving rise to profuse lachrymation. The tarsi are inflamed, and the secretion of the meibomian glands is increased, producing agglutination of the lids. This irritation also involves the conjunctiva, not only palpebral but ocular, and makes itself felt in smarting and burning in the eyes and great sensibility to light, while the bright redness of the conjunctiva displays the nature of the condition.

To some cases of conjunctivitis, then, *apis* is homœopathic; cases where there is bright redness of the conjunctiva and chemosis with stinging pains. The late Dr. Yeldham reported some very characteristic cases in *The British Journal of Homœopathy*, vol. viii., p. 404, from which I select the following as a good illustration of the kind of conjunctivitis in which *apis* is useful.

"December 28th. Master H., aged 4. For one week both lids of the left eye throughout their whole extent have been inflamed, red and thickened; the lining membrane the same; the eye suffused with tears; the conjunctiva pale red; light painful; the margin of the lids sore and scabby; some pimples on the upper part of the cheek; always a bronchial cough; appetite fair; lively and thin at all times.

"*Tinct. apis* 8 three times a day.

"Jan. 2nd. The lids wonderfully better; scarcely any redness or swelling; a little puffy and scabby; sore at the inner canthi. The eye itself is much improved. He can face the light well, and there is scarcely any watering. In a few days he was perfectly well."

In one case where the sting inflicted over the right supra-orbital region was that of a wasp, though it caused no inflammation at the time and soon healed, yet in a few days burning, redness and lachrymation of the left eye followed, and in addition to this the centre of the cornea presented a whitish patch extending some millimetres and the sight of course was obscured.

This observation has led to the testing of *apis* in keratitis, and with very decided results, Dr. Norton, of the New York Ophthalmic Hospital, stating that various and severe forms of keratitis have been cured by it. He refers to one particularly severe case of parenchymatous keratitis in a boy of 11 years of age with a history of hereditary syphilis. He was admitted to hospital, and in spite of treatment both corneæ became worse, were infiltrated and inflamed, until vision was nearly lost in both eyes. His fever also increased and, was accompanied with drowsiness and thirstlessness. *Apis* 1 was given with immediate relief to the drowsiness, fever and inflammatory symptoms of the eye. Under its influence the cornea began at once to clear, and a complete cure was the final result.

I now pass to consider the action of *apis* on the skin. The face is red, swollen and hot, and smart sympathetic fever is set up. The nose is swollen, red and œdematous, so also are the lips. The whole appearance is perfectly typical of some cases of erysipelas, especially so is it of traumatic erysipelas. Dr. Bojanus, the eminent Russian surgeon, has learned to feel the greatest confidence in its remedial powers in these cases. Dr. Hughes quotes him as saying, "Since we have fully known the virtues of this remedy, we have undertaken plastic operations with much more confidence, all fear of bad results from erysipelas being removed."

It must be distinctly understood that *apis* is not a remedy for all cases of erysipelas. *Belladonna, rhus, lachesis* and *arsenic* are all equally with *apis* called for in certain forms of this disease.

That to which *apis* is homœopathic is not the smooth, red shining skin of *belladonna* with a minimum of swelling and a maximum of febrile excitement; it is not the somewhat dusky swelling of *rhus* with a tendency to the formation of bullæ here and there and typhoid-like febrile symptoms; neither is it the livid-coloured swelling, utterly asthenic condition, and gangrenous tendency in which *lachesis* or *crotalus* and *arsenic* are required; but true œdematous erysipelas, when, with a moderate amount of febrile excitement, you have considerable swelling, bright, but not brilliantly red, and tending to become dusky, pitting deeply on pressure, and extending over the face, nose, eyes and head.

Repeatedly has a bee-sting, or the taking of bee-virus through the mouth, been followed by a widely spread eruption, closely resembling urticaria, attended with burning, stinging and itching. As a remedy in most cases of urticaria it has few, if any, equals. It is also useful in some instances of erythema nodosum.

The gastric symptoms excited by *apis* are apparently purely sympathetic to disturbances produced by it in other parts.

On the lower part of the intestinal canal it seems to have a specific action, giving rise to a diarrhœa with which is associated vomiting of bile and bile-tinctured mucus. The abdomen at the same time is sore, occasionally the pain is severe, and there is a good deal of flatulence. One characteristic of the diarrhœa of *apis* poisoning is that it generally occurs in the morning. The stools are thin and watery and occasionally bloody, and are followed by much weakness, and even prostration. Some have noticed that this morning diarrhœa is ordinarily present where the ovarian irritation, to which, as I shall show, *apis* is homœopathic, exists.

When, in cases of bee-poisoning, œdema of some portion of the body has been set up, the secretion of urine becomes scanty. When, on the other hand, the brunt of the poison is thrown elsewhere, this secretion of urine is considerable. Eliminated through the skin the *virus* would seem to paralyse the function of the kidney, whereas, when determined towards that organ it stimulates it to increased action.

Dr. Farrington says that "*apis* is especially useful in renal dropsies, whether the result of scarlatina or not.

The urine is scanty and highly albuminous and contains casts of the uriniferous tubercles. There is a swelling about the eyelids. The surface of the body feels sore and bruised, in some cases the pain is of a burning character." *(Clinical Therapeutics.)*

On the bladder and urethra its action is much more distinctly marked. The bladder is intolerant of the presence of urine and calls to evacuate it are frequent both day and night. At the same time, the secretion is hot and its passage gives rise to burning. In these symptoms it much resembles *cantharis*, as indeed it does in others. It is a mild form of catarrhal cystitis and urethritis in which it is indicated, and especially those which surgeons describe as urethral fever.

Reference has already been made to the ovarian excitement and uterine hæmorrhage set up by the bee-poison. From these observations great advantage has been derived in the treatment of congestion of the ovaries, especially of the right, and of neuralgia of these organs; in hæmorrhage and in miscarriages dependent on ovarian irritation. But more has been accomplished than this. Taking into consideration the tendency of *apis* to excite collection of fluid in serous sacs, together with its very marked power to give rise to irritation of the ovaries it has been successfully prescribed in the treatment of some cases of ovarian cysts.

The *British Journal of Homœopathy* (vol. xxix, p. 428) quoting from the *American Observer*, states that a lady having an ovarian tumour of the size of the head of a new-born child, which a physician of Detroit had arranged to remove by operation in a few months, consulted Dr. P. H. Hale of that city. He made an infusion of ten or twelve living bees in a tea-cupful of hot water, of which he ordered the patient to take a table-spoonful every four hours. In a week a perceptible decrease was observed, and before the time for operation had arrived the tumour had nearly disappeared.

Again, Dr. Craig, of Bedford, in a paper read before the British Homœopathic Society, entitled *Specific Medication in Surgery*, gives the details of two cases, in which, *after tapping*, *apis* was given thrice daily for a considerable time. In one, an unmarried lady of 24 years of age, there was no re-accumulation for two years, when six quarts of fluid were withdrawn, and the use of

apis resumed. After some years she married and, though childless, was free from any signs of disease. The second patient was a lady, also unmarried, 72 years of age, with a left ovarian tumour. Tapping was performed here, and she took *apis* for a length of time. She died six years afterwards of bronchitis, and a *post mortem* examination revealed a shrivelled cyst of the size of a walnut attached by a pedicle to the ovary.

In the *Monthly Homœopathic Review* for June, 1889, Dr. Percy Wilde recorded the particulars of two well marked cases of unilocular ovarian cyst, both of which were rapidly cured by *apis* 3x. In one, four years and in the other two had elapsed since the recovery, and in neither had there been any re-accumulation of the fluid.

It will be observed that there was a considerable difference between the dose employed by Dr. Hale, of Detroit, which was followed by the absorption of the fluid in the cyst, and that which Dr. Craig prescribed with the view of preventing the re-accumulation of fluid after tapping. In the case of hydro-thorax, to which I have referred, Dr. Marcy gave a trituration of bees; and in that of general dropsy, depending upon cardiac disease, and rendered additionally severe by the patient having taken a severe cold, Dr. Moore gave seven drops of the *matrix* tincture very frequently.

In a very interesting paper read at the British Homœopathic Society last March by Dr. Burford, he carefully described the various forms of ovarian tumour met with in practice, and illustrating his point by the details of a case successfully treated, expressed the hope that cases of par-ovarian cyst and unilocular cyst might be found amenable to medicinal therapeutics. This thesis was further illustrated by Mr. Pincott, of Tunbridge Wells, who read the report of another successfully treated case of unilocular cyst. In both instances the medicine used was the *bromide of potassium* given in ten grain doses. To what extent either *apis* or the *bromide* has been influential in the treatment of ovarian cyst, and how far the result may have been due to other causes it is of course impossible to say. But it certainly seems to me that while we have some reason to suppose that *apis virus* has a degree of homœopathic relation to this form of ovarian disease there is none pointing to the *bromide* having any. Dr. T. F. Allen, in his *Handbook of Materia*

Medica and Therapeutics, mentions in the clinical notes following the symptoms noted on the sexual organs the fact that it has been used in ovarian dropsy, but none of the symptoms recorded either in that book or in the *Cyclopædia of Drug Pathogenesy* would lead one to suppose that it was homœopathic. On the same occasion both Dr. Burford and Dr. Neatby stated that they had persistently tried *apis virus* without any effect.

In cases of par-ovarian cyst or of unilocular ovarian cyst before resorting to operations, unless there are circumstances which demand the immediate removal of the tumour, and in all where tapping is primarily resorted to, *apis* or *bromide of potassium* should be resorted to. My preference would still be for *apis*, of which I would give five drops of the mother tincture three times a day, carefully watching for the production of drug symptoms, which will probably be noted first in the mouth and throat.

The œdema which has been shown to occur from bee-poisoning has likewise appeared in the labia. This form of œdema is also promptly amenable to its curative influence. The late Dr. J. R. Coxe in *The Philadelphian Journal of Homœopathy*, vol. 1, illustrated this by the report of a case of a child of three years of age, who was attacked with violent swelling of the right labium; inflammation was very severe; pain great; no cause for it could be discovered; pulse, quick and hard; diarrhœa of yellowish mucus, tinged with green. He gave the 6th dilution of *apis* in water every four hours. In twenty hours the pain was gone, the fever had subsided and diarrhœa had ceased. The swelling had diminished more than half. In twenty-four hours more all vestige of the disease had vanished.

Finally, *The British Journal of Homœopathy*, vol. xxxvi., quotes, from some German Homœopathic periodicals, two curious cases of severe rheumatism, in one of which the patient, by the advice of her husband, allowed herself to be stung by a bee, and in the other, a Franciscan friar, suffering in the same manner, was accidentally stung, both sufferers were almost immediately relieved of their pains, and the physiological effects of the stings were very slight.

There does not appear to be any reason to infer from the provings and poisonings that this virus would relieve

rheumatism, but that very acute clinical observer, the late Dr. Farrington, writes that it is useful when the affected parts "feel very stiff and exceedingly sore to any pressure, and have a sensation of numbness. The joint or joints affected are swollen, and give the patient a kind of stretched-tight feeling. The swelling is rather pale red in colour, and there is often some fluctuation about the joint. There are burning, stinging pains; worse on motion."

Apis has been used in every variety of dose. In conditions to which it is accurately specific the third or third decimal dilution, given in drop or two drop doses, is sufficient. When it is prescribed to accomplish the removal of effusions it must be given in material doses of five or six drops of the tincture to be effective.

A PROVING OF BORACIC ACID.

By Dudley Wright, M.R.C.S. Eng., L.R.C.P. Lond.

Assistant Surgeon and Surgeon for Diseases of the Throat and Ear to the London Homœopathic Hospital.

The administration of *boracic acid* in material doses in certain cases of urinary disease is so common that I think the following example of the toxic effects produced by the drug are worth reporting.

The patient was formerly under my care for advanced prostatic hypertrophy. A calculus had formed in the post prostatic pouch, and had much increased the pre-existing cystitis, which did not, however, decline after the removal of the stone.

For this reason he was in the habit of daily washing the bladder with *nitrate of silver* lotion, and taking occasional doses of *boracic acid* by the mouth, to overcome the alkalinity of the urine. The treatment had been persisted in for fully two years before any ill effects were produced.

As the patient was away from home at the time of appearance of the symptoms, I am only able to give an account of them in the words of his daughter who reported them to me, but I think they are sufficiently accurate and descriptive.

I will only add that the patient showed marked evidences of a gouty diathesis, and was a lean spare man of over 60 years of age.

The following is the report made by his daughter:—

"On Monday, October 8th, when on a visit to Yarmouth, my father commenced taking *boracic acid*, as he had frequently taken it before during the last two years—a teaspoonful dissolved in a tumbler of hot water, taken in three doses during the day.

"It had a marked effect at once upon the water, which became much clearer, and there was a decided decrease of the thick mucous deposit.

"The three daily doses were continued on Monday, Tuesday and Wednesday. On Wednesday morning a slight redness appeared on the face and hands, which increased during the day. The *boracic acid* was stopped.

"On Thursday morning the face was a bright red, and very much swollen, and there were distinct patches of red on the forehead, and above the upper lip. The inflammation extended also to the head and neck, and the hands were swollen, especially the left, and the palm was very red and tender, and inclined to itch. The feet and ankles were also swollen and covered with small red spots, more definitely a rash than on other parts. The rash extended up the legs and was extremely irritable. The appearance of both feet and hands was like prickly heat, and had he been exposed to the hot sun we should have thought that had caused it. The doctor who was called in said he had had one similar case—a man also suffering from cystitis, and who was being treated with *boracic acid* and *salol*, but which of the two had caused this condition he had not been able to determine.

"On Friday and Saturday the symptoms continued much the same. By Sunday the swelling began to subside, and the redness to pass off, and in two or three days had quite disappeared from the face. The hand remained longer swollen—perhaps for a week—and then peeling commenced on all the parts which had been affected.

"By the end of the week, the water having become very thick again, the doctor recommended that the *boracic acid* should be resumed, but no more than three doses had been taken before the face showed decided signs of swelling and redness again, so no more was taken.

"After his return home, thinking that the *boracic acid* he had taken in Yarmouth might not have been quite

pure, he took a few doses of that which he was in the habit of taking in London. It was commenced on Monday, November 12th, and by the following Wednesday morning a distinct redness and swelling re-appeared, and the same symptoms showed themselves—the swelling of the hands, and rash on the legs and feet, with extreme irritation. The red patches on the forehead and upper legs also appeared again, and in these places there was peeling of the skin, though not in other parts."

When I saw the patient after this last attack, the skin of the face was dry and showed a tendency to peel, resembling in this respect the condition of affairs left after a mild attack of erysipelas. The feet presented a similar aspect, but the hands had evidently not yet reached the stage of peeling, for slight œdema and a faint crimson blush of the skin were present, and some complaint of itching was still made.

I do not think there can be any doubt as to the *boracic acid* being the cause of the attacks of dermatitis, and it is curious that the patient's medical attendant at Yarmouth should have under treatment at about the same time a case apparently of a similar nature.

It is difficult, however, to give a reason for the sudden appearance of toxic symptoms after so long a period of immunity from any ill effects; still I think that the well-known tendency for sea air to excite and aggravate skin affections of an inflammatory nature may have been the immediate cause of the outbreak in the present instance.

I learn from Dr. Macnish, under whose treatmeat the patient now is, that he has not taken *boracic acid* since, and that the cystitis has disappeared under internal medication alone.

CLINICAL AND THERAPEUTIC NOTES OF RECENT CASES.*

Reported by Dr. WINGFIELD, Birmingham.

Chronic morning diarrhœa—Rumex crispus.

MRS. C., aged 60, widow of an old-school practitioner, for ten years had suffered from morning diarrhœa. The motions were five or six in number, beginning daily about

* Notes of cases are invited for this department. They should be sent to Dr. Ord, Bournemouth.

6 a.m. and lasting till noon. The motions were liquid and watery. They made her feel very weak, and she had lately lost flesh and strength. She had been constantly under treatment during the whole ten years, but with so little effect that latterly she had given it up in despair, until induced to try homœopathy.

Mer. cor. was first prescribed, with some relief, but it was transient, and as after two weeks she was about the same, this was changed to *rumex crispus* 3x. An immediate cure was effected by this drug alone; in a few days the diarrhœa ceased, the motions gradually becoming formed and healthy. She remained under observation for a year, and had only one slight relapse from indiscreet dieting.

Painful stiffness of fingers.—Conium.

Miss X., aged 25, employed in an insurance office, for six months had suffered from loss of power of the right forefinger and middle finger, with stiffness, numbness and excruciating pain. She was healthy in every other respect. The pain prevented her writing, but it did not seem to have been produced by this, for she had not used her pen to excess. Many remedies were tried without effect. The only treatment that relieved was the Faradaic current, which at once removed the pain and stiffness, but it returned again in two or three days after each application as bad as ever. Finally, the battery was stopped and *conium* 1x, gtt. ij. every three hours ordered. In two days the stiffness, numbness and pain were removed, and three weeks after there had been no return; the fingers remained well.

Chronic constipation.—Plumbum 6x.

Case I.—Mrs. D., aged 50, married, no children, for fifteen years has suffered from constant constipation. Has tried many remedies without effect, and now has to take a teaspoonful of cascara sagrada extract every other night to get an evacuation. She is a sparely built woman, very nervous. Her tongue is coated with a whitish-yellow fur. She complains of constant headaches, and after each motion she is thoroughly exhausted and has to lie down for the rest of the day. Bowels never act without cascara, and then only once. Ordered *plumbum metallicum* 6x, one three-grain tablet to be

taken twice daily. Two days after commencing treatment the bowels acted naturally, and have now done so every day for the last three weeks. Her headaches are gone, tongue is clean, and she is much less nervous.

Case II.—Miss M., aged 25. Florid complexion. She complains of boils appearing on face and arms, and chronic constipation. The latter has been a trouble since she was 12 years old. There is slight spinal curvature. Her general health is good, but tongue furred, and occasionally she has headaches. She suffers a good deal at the periods. She says she has been to "all the best physicians," and none of them gave her relief except by purgatives. *Plumbum metallicum* 6x was prescribed, twice daily. This at once relieved the constipation, and soon the boils disappeared. Her bowels for some time have moved regularly, and she now feels quite well.

Left-sided facial neuralgia.—Cedron.

Case I.—A girl, aged 20, for two weeks has had severe shooting pains on left side of face. They recurred several times daily, lasting for about an hour, and were aggravated by heat, and better when she moved about. *Gelsemium* 1x and *arsenicum* 3x gave slight relief. Next *cedron* 1x was ordered. This cured the pains in four days and was continued for a week, after which there was no return.

Case II.—A female, aged 24, had endured continuous pain for a week, of left side of face and head. The pains were shooting and were made worse by hot applications. No teeth seemed to be involved. At first *gelsemium* 1x was tried with transient effect. Next *cedron* 1x was ordered, and continued for a week with complete relief to the pain, which did not return.

Case III.—Mrs. A., aged 30, for a month past has suffered from severe attacks of left-sided facial neuralgia, recurring every night and morning, and sometimes continuing throughout the night, but not during the day. The pains are dull and gnawing, and aggravated by warmth. *Cimicifuga* 1x at first relieved, but soon lost its effect. *Cedron* 1x was then tried, and continued for two weeks, during which the pain disappeared and has not returned.

PERMANGANATE OF POTASH IN OPIUM POISONING.

We have (March, 1894, p. 178 and April, 1894, p. 247) referred to the experiments of Dr. Moore, of New York, showing that the permanganate of potash is an antidote to morphia. In the *British Medical Journal* of the 22nd of June last Dr. Moore gave a further account of his investigations on this important subject. He says that his experiments "have shown* that a solution of permanganate of potassium will decompose sulphate of morphine infinitely more rapidly than it would decompose albuminous matter. A striking demonstration of the astonishing selective faculty of permanganate of potassium for morphine can be shown by mixing 250 grains of the white of an egg with 1 ounce of water, dissolving in this mixture 1 grain of sulphate of morphine, and adding rapidly to the whole just 1 grain of the permanganate dissolved in 1 ounce of water. After thoroughly mixing, not a trace of morphine can be detected, which conclusively proves that the molecules of the antidote instantaneously selected the molecules of morphine without being interfered with by albumen, though the quantity of the latter so greatly exceeded the quantity of morphine. I should state here that 1 grain of permanganate oxidises exactly 1 grain of morphine."

His experiments with this antidote were made chiefly upon himself on account of the unsatisfactory character of experimentation with the lower animals. He next gives an account of the experiment upon himself which we noticed in March last year, and then describes the method of administering the antidote in a case of morphia poisoning. He says:—

"In cases of poisoning by any of the salts of morphine 8 or 10 grains (0.5 to 0.6 grammes) of the antidote, dissolved in one pint (500 c.cm.) of water, should be administered at once, and repeated at intervals of thirty minutes, once or twice. In case of poisoning by the alkaloid morphine itself (not its salts), or by opium and its preparations, it is advisable to acidulate the antidotal solution with one or two teaspoonfuls of diluted sulphuric acid or white vinegar (not red vinegar) by which

* New York *Medical Record*, February 17th, 1894.

the insoluble morphine will be at once converted into the soluble sulphate or acetate. Of course the amount of the antidote to be given depends on the amount of the poison ingested. If, for instance, 2 or 3 grains of morphine were taken it is sufficient to give 3 or 4 grains of the antidote in solution by the mouth. In case the patient is unable to swallow I would suggest, in order not to increase by the use of the stomach tube the cerebral congestion already present, to introduce into the patient's œsophagus, through the nose, a hard rubber catheter, which is attached by means of a piece of soft rubber tubing to the end of a glass funnel, and pour into the latter the antidotal solution. This simple method proved very feasible in the case of opium poisoning which occurred in my practice.

"A weak solution of the antidote, say 1 grain to a tumblerful of water, should be administered by the mouth from time to time, even after all the opium or morphine in the stomach is supposed to have been rendered inert. I state this for the following reason:

"It is now a well-established fact that morphine which is injected subcutaneously is excreted by the mucous membrane of the stomach. Hitzig, of Halle,* by washing out the stomachs of animals that had received morphine subcutaneously succeeded in obtaining fully one half of the injected amount during the first hour after the injection. It is a logical necessity that an antidote which acts instantaneously must destroy in the stomach a certain amount of poison that got into the circulation either through hypodermic injection or through absorption by the stomach, for it is evident that the same circulation which conveys the poison from the peripheral parts of the body to the stomach must also bring back to the latter a part of the poison which previously was absorbed by it. In connection with this it is of interest to cite a case mentioned in the *American Journal of Medical Sciences*, January, 1895, which, verbatim, is as follows:—

"'Mr. L. P. Hamburger cites the case of a Chinaman who had taken the estimated quantity of 150 grains of opium at 10 A.M. At 5.30 P.M. the stomach was repeatedly washed out until there was reason to believe that there was no longer

* *Berliner klinische Wochenschrift*, No. 49, 1892.

any opium contained therein. A second lavage was made at 8 P.M. and a third at 11.30 P.M., a quarter of an hour before his death. The second washing came out colourless, although it gave fine alkaloidal reactions, but did not respond to the test for meconic acid; the third, also colourless, gave good reactions. The first washing removed the ingested but unabsorbed opium, but the alkaloids found in the others could only have been detected through their excretion by the gastric mucous membrane. Repeated washings, then, to remove the alkaloids as fast as they are eliminated by the gastric mucous membrane must certainly be a life-saving process, whether the poison has been taken by the mouth or hypodermically.'

"Thus we see that thirteen hours after the opium was taken its alkaloids could be washed out from the stomach. It seems to me much simpler to give a weak solution of the permanganate from time to time, which is sure to annihilate all the morphine which is excreted by the stomach. That the mucous membrane of the stomach takes part in the excretion of alkaloids and other chemical bodies has also been shown by Kandidoff, who experimented on young persons with different drugs and found that iodide of potash, bromide of potassium, hydrochlorate of quinine, salicylate of soda, arsenic, and antipyrin introduced into the rectum are discharged by the mucous membrane of the stomach.

"I have found that the hypodermic administration of permanganate of potash is of benefit also in cases of opium poisoning. While a part of the potash salt is reduced by subcutaneous tissues, yet enough remains to find its way to the circulation to select the morphine out of the albuminous constituents of the blood.

"Rabbits which had received morphine by hypodermic injection were greatly improved by the hypodermic administration of the antidote. Several cases of opium poisoning were reported to me in which the subcutaneous injection of the antidote was of unmistakable efficacy. Up to this date to my knowledge about 35 cases of opium poisoning have been successfully treated by permanganate of potash. In many cases the antidote was given by the mouth and hypodermically, in some cases only by the mouth, and in others only subcutaneously. In many instances several hours had elapsed before the antidote was administered.

"The first condition for permanganate of potassium to act as an antidote to any toxic substance is that it shall act

instantaneously upon the poison by oxidising it, else it would be unreasonable to administer it not knowing the amount of organic matter present in the patient's stomach at a given moment. This condition is met with in morphine and eserine, the permanganate being capable of selecting instantaneously these two alkaloids amongst other organic matter, like albumen and peptone, which happen to be present in the stomach, and, therefore, the remarkable salt of permanganic acid is a positive antidote to opium and calabar bean."

REVIEWS.

The Causes of the Neglect of Suppurative Ear-Disease. By James Erskine, M.A., M.B. Lecturer on Aural Surgery, Anderson's College, Glasgow; and Aural Surgeon, Glasgow Central Dispensary.

The above is an address delivered as an introduction to a course of lectures on aural surgery at Anderson's College, Glasgow, and is issued in pamphlet form. As its heading indicates, an endeavour is made to point out the various reasons why suppurative ear disease is so much neglected by ordinary practitioners and the public alike, and as there can be no doubt that the former are often much to blame for the long continuance in many patients of this form of disease, it is to be hoped that the publication of this pamphlet may do good.

After all it is not so much the fault of the general practitioners of this country that their knowledge of this class of complaints is scanty; for we believe the blame should fall much more heavily upon those whose duty it is to direct the studies of medical students, and it is somewhat surprising to find that it is only within the last few years that the leading British Universities and medical schools have instituted lectureships on throat and ear diseases.

In this respect we are very much behind our Continental and American *confrères*, and it would be well were this fact to be recognised by the various educating bodies in the kingdom.

The extension of the medical curriculum from four to five years is certainly a step in the right direction, inasmuch as it will permit the student to pay attention to, and have more time to devote to the study of, special branches of medical and surgical science.

As is pointed out in the lecture, the incomplete training of medical students, and the consequent inability of general

practitioners to examine and treat the various organs affected by disease, has given rise to the practice of specialism in the profession of medicine.

This is doubtless true, though it only half states the case. The truth is, our knowledge increases so rapidly that it is impossible for every one to keep abreast of the strides it makes in all branches of professional work, and, therefore, each observer limits himself to some extent to those branches which most suit him, and hence the specialism of the present day. This is, however, no excuse for ignorance, and it is within the power of every practitioner to become acquainted with the diagnosis and treatment of all the more common complaints of the various organs of the body, and it is certainly his duty to endeavour to attain to this knowledge.

MEETINGS.

BRITISH HOMŒOPATHIC CONGRESS.

The annual Congress of Homœopathic Practitioners was held on Thursday, September 19th, at the Great Northern Hotel, the President, Dr. E. M. Madden (Bromley), in the chair. There were also present Dr. Ramsbotham (Leeds) Vice-President; Dr. H. G. Stacey (Leeds), Local Secretary; Dr. Dyce Brown (London), Hon. Sec.; Dr. J. W. Hayward (Liverpool), Hon. Treasurer; Drs. Galley Blackley, Neatby, Burford, Roberson-Day, Knox Shaw, Dudley Wright, Goldsborough (London); Dr. A. C. Pope (Grantham); Dr. Pritchard (Dewsbury); Dr. Hughes (Brighton); Dr. A. C. Clifton (Northampton); Dr. Hawkes (Liverpool); Dr. Greig (Wakefield); Dr. Waddington (Bradford); Dr. H. Nankivell (Bournemouth); Dr. Roberts (Harrogate); Dr. G. Clifton (Leicester); Dr. W. Wolston (Edinburgh); Dr. F. Clifton (Sheffield); Dr. C. W. Hayward (Liverpool); Dr. C. Blackley (Southport); Dr. Storar (Southport); Dr. Finlay (Rawtenstall); Dr. Lough (Hastings); Dr. Arnold (Manchester); Dr. Scott (Huddersfield); Dr. Green (Leeds); Dr. Richards (Southport); Dr. B. Capper (Liverpool); Dr. Norman (Bath); Dr. Corbett (Doncaster); Dr. Mitchell (Stoke-on-Trent); Dr. Aston (Eccleshill); Dr. Moir (Manchester); Dr. Murray Moore (Liverpool); and Dr. Blunt (Wakefield). Apologies for absence were received from Dr. Burwood (Ealing); Dr. Hayle (Rochdale); Dr. Pardon (Croydon); Dr. Hamilton (Newcastle); Dr. Neild (Tunbridge Wells); Dr. Washington Epps (London); Dr. Gordon Smith (Liverpool); Dr. Ord Bournemouth); Dr. Cash Reed (Plymouth); Dr. Stopford Southport).

The President, in prefacing his paper on *Recent Pathological Investigations and Theories, with special reference to certain*

points which seem to bear on the doctrine, "similia similibus," and on Hahnemann's speculations as to its modus operandi, gave those present a hearty welcome, and expressed his thanks for election to a post which had in former years been filled by the most distinguished and gifted amongst their members, to follow in whose footsteps was ever the highest ambition of all who had still their spurs to win. He felt, he said, that his appointment was due not to any worthiness or fitness on his own part, but to the kindly personal friendship of colleagues largely attributable to the pleasant gatherings at the annual Congresses. You will, Dr. Madden went on to say, pardon my recalling the fact, with mingled feelings of pride and sadness, that it is exactly twenty-four years since I attended my first Congress, in 1871, which was held at Oxford, that the president on that occasion was my father, though, unfortunately, he was stricken with paralysis just a few weeks before the meeting, so that his address had to be read for him by his and our very dear friend Dr. Richard Hughes. As time has rolled by since that meeting we have seen many changes among the *personelle* of our members, and this year we have to mourn the loss of two more of our veteran leaders, who have both shared in the brunt of the fight we have still to wage for medical freedom, and who have both filled this presidential chair with honour and dignity. The first we lost was Mr. Henry Harris, one of those men with somewhat frail bodies with which nature so often, as in his case, gives a large strong soul, whom to know was to love and to trust. And now quite recently we have lost Dr. Stephen Yeldham, gathered to his rest in the fulness of years, who was our president on the last occasion when this Congress was held in this good town of Leeds in 1880, when his address on *How to Develope our Materia Medica to its Fullest Practical Value* gave the necessary fillip required to start the editors of *The Cyclopædia of Drug Pathogenesy* on their work, the coping stone of which we are almost daily expecting. Dr. Madden then delivered the address which appears in the *Review* at page 542. At its conclusion

Dr. Hughes, in moving a vote of thanks to the President, expressed his pleasure that Dr. Madden was following in the footsteps of his father, by giving them a valuable addition to their knowledge of the subject he had handled.

Dr. Blackley seconded the motion, also expressing delight that the mantle of the father had fallen on the son.

The proposition was carried and duly acknowledged by the president.

After the receipt of subscriptions Dr. George Burford, physician to the Gynæcological department, London Homœo-

pathic Hospital, read a paper, illustrated with diagrams and lantern demonstrations of microscropic slides, on "A new therapeutic treatment of sub-involution of the uterus with salts of potassium and gold." The discussion on this occupied the remainder of the morning sitting, at the conclusion of which the members of Congress were entertained to luncheon by Dr. Ramsbotham and Dr. Stacey.

At the afternoon sitting it was decided to hold the 1897 meeting at Bristol, Dr. PROCTOR (Birkenhead) being chosen president; Dr. E. WILLIAMS (Bristol) vice-president. Dr. DYCE BROWN was re-elected Hon. General Secretary and Dr. E. M. MADDEN agreed to resume the office of Hon. Treasurer. For the International Congress to be held in London in 1896 Dr. DUDGEON was elected Hon. President; Dr. A. C. POPE was chosen President; Dr. DYCE BROWN, Vice-President, Dr. GALLEY BLACKLEY Hon. Treasurer; and Dr. HAWKES (Liverpool) and Mr. DUDLEY WRIGHT (London) Hon. Local Secretaries.

Dr. CHARLES W. HAYWARD, M.D., physician to the Hahnemann Hospital, Liverpool, then read a paper on *Albuminuria*.

A paper by Dr. W. THEOPHILUS ORD was taken as read, the author being unable to leave home. The Congress then adjourned, and in the evening the members, with several ladies, dined together.

NOTABILIA.

THE BICHROMATE OF POTASH.

THE *Lancet*, of the 14th ult., contains a paper by Dr. Bradbury, the Downing Professor of Medicine of Cambridge University, *On the Value of Bichromate of Potash in Certain Affections of the Stomach*. This drug has been known to homœopathists by its German name, *kali bichromicum*, for the last fifty years; and known, moreover, as especially useful in "certain affections of the stomach." Dr. Bradbury's recent acquaintance with the *bichromate*, as a remedial agent, is interesting. It seems that he took home with him from Clifton, after the meeting of the British Medical Association there in 1894, a small box of soft gelatine capsules—prepared by Messrs. Duncan & Flockhart, of Edinburgh—each containing one-tenth of a grain of *bichromate of potash*. With the box were no directions, and, he adds, "for some months I could not make out in what diseases they were intended to be used"! If the Downing Professor of Medicine in the University had called on Dr. Weston, of Sidney Street, Cambridge, he doubtless would have enlightened him very considerably! However, he did not do so; and, consequently, until, at the

beginning of this year, Professor Fraser, of Edinburgh, sent him a copy of the paper he read at the International Medical Congress at Rome (*Lancet*, April 14th, 1894, and *Monthly Hom. Rev.*, May, 1894, p. 266), he was unable to utilise his treasure! Then his parlour-maid had an acute attack of gastralgia, coming on *directly* after eating, occasionally before, and relieved by vomiting, which refused to yield to *bismuth*, *morphia* or *iron*, even though assisted by the most careful dieting. After taking one capsule three times a day for two or three days, on an empty stomach, she became much better, and continued to improve, and had kept quite well ever since.

In the second case the patient was a man, æt. 30, of temperate habits, who for three years had suffered from attacks of vomiting 10 or 12 hours after food, generally in the early morning, occasionally bright blood was found in the matters vomited. The Sunday before admission to Addenbrooke's Hospital, he had brought up two tablespoonfuls of blood with the vomit. The day after admission, he had 1-10th of a grain of the *bichromate* three times a day. He vomited, on each occasion, an hour after taking the three first capsules, and once four days afterwards. At the end of a month he left the hospital greatly improved in every respect, having gained weight and ability to take solid food.

The third case was that of a woman, aged 46, who, for seven years, had suffered from pain in the stomach and vomiting. She had lost flesh, and had occasionally brought up dark blood in the vomit. On admission, the gastric pain was constant, being worse after food, and attended by vomiting after every meal. A capsule, containing 1-10th of a grain, was given three times daily, with an occasional dose of an elixir of *cascara*. During the night, she vomited once, but was free from pain. After three weeks in hospital, she was discharged; and on reporting herself a fortnight later, said that she was practically well.

The fourth case was that of a man, aged 59, admitted to the hospital on the 6th of April, complaining of a constant gnawing pain in the epigastrium, and occasionally shooting into the loins. The pain was sometimes worse about an hour after food, but had no definite relation to meals. No improvement having followed a milk and beef tea diet, a purgative and a simple enema, on the 10th of April, a *bichromate* capsule was given three times a day. "Improvement almost immediately followed; the pain abated, the patient gained weight, and was soon discharged, being able to take solid food with impunity."

The fifth case was that of a young woman of 18, who consulted Dr. Bradbury in May, 1892, complaining of pain

after eating extending between the shoulders, occasional vomiting, but no hæmatemesis. She was afraid to eat on account of the pain; there was slight tenderness over the epigastrium. She had not been well for two years. *Bismuth morphia* and careful dieting relieved her. Subsequently she became anæmic, when iron pills were curative. The gastric symptoms recurred in August, 1894, and were again relieved by the *bismuth*, and *morphia* mixture. "On the 23rd of March, 1895," writes Dr. Bradbury, "she came to me again with the same symptoms, and I gave her the *bichromate* capsules. I did not see her again until the 18th of May, when she informed me that the capsules had stopped the vomiting, and that she had had neither sickness nor pain for about seven weeks. Her appetite was better, the bowels were more regular and she felt stronger."

Then follow the reports of two cases where the capsules did no good.

This paper affords a very interesting illustration of the therapeutics of the hour. Here we have a medicine, one which has been in use for fifty years in precisely such cases as these, and the Downing Professor of Medicine in the University of Cambridge never heard of it until a year ago, and had no knowledge of how to use it until six months since! The little he appears to know now is but second hand, and purely empirical. He merely used it because Professor Fraser had found it to be what is termed "a good thing" in some cases of dyspepsia and gastric ulcer; but how to ascertain what cases of dyspepsia and what of gastric ulcer in which to use it with advantage, Dr. Bradbury did not know—and probably Professor Fraser is equally at a loss how to distinguish them. Dr. Bradbury refers to Professor Fraser, Vulpian, and Hare of Philadelphia, as the authorities on *bichromate of potash*. Neither one or other of them would ever have heard of this salt as a remedial agent had it not been for the elaborate and exhaustive researches and experiments of the late Dr. Drysdale, of Liverpool. The first edition of these is in the *British Journal of Homœopathy* for 1844; the second was published in the *Hahnemann Materia Medica* in 1851; and the last, in *Materia Medica, Physiological and Applied* (Trübner & Co.) in 1884.

How completely Professor Fraser misapprehends Dr. Drysdale's method of using a drug for the cure of disease, he made perfectly clear by the statement in his paper that "Drysdale advocated its employment in affections of nearly all the organs of the body." *Bichromate of potash* is an irritant of the entire mucous surface and of the skin. But the quality of the irritation differs greatly from that of other irritants of the

same tissues, such, for example, as *tartar emetic*, *arsenic* and *mercury*. Hence cases occur of a variety of disorders implicating these tissues which will be similar in their symptoms to those produced by the *bichromate of potash*; while, in many other cases of the same disorder (regarded nosologically) the symptoms will be similar to those produced by other drugs irritating the same structures. One of the last cases Dr. Drysdale lived to report was to illustrate the error of nosological prescribing. It was a case where the pronounced and most troublesome symptom being an abnormal increase of bulk, was called *Obesity*. But besides and underlying this, were symptoms of dyspepsia similar to those produced by *bichromate of potash*. This medicine Dr. Drysdale gave in drop doses of a one per cent. solution; the dyspepsia was cured, and the patient wrote: "I am now about the correct military weight for my height." The patient had a friend who was also unduly stout; to him he gave the prescription. He used it, but without, after several months' trial, producing the slightest effect on the obesity. Drysdale added: "This shows that, in the above case, the medicine was suited to the totality of the symptoms and removed them, and among them, the obesity as a subordinate symptom only, and confirms the objection to prescribing for single symptoms on empirical indications *ex usu in morbis* alone."

Again, Dr. Bradbury's case illustrates the difference between the action of a palliative and a specifically acting drug. The *bismuth* and *morphia* mixtures relieved some of these cases *for a time*, and for a time only; the drug that was homœopathic to the morbid state cured them.

Then, again, observe the consequences of the unnecessarily large dose given by Dr. Bradbury. There is in several of the instances he reports an attack of vomiting after one, two, or three capsules, until a tolerance of the drug had been established; not recognising the homœopathicity of the medicine he was using, he gave a *physiological* dose, one calculated to evoke the very symptoms he was trying to quell. Professor Jorg of Leipsic in discussing the relations of disease and its remedy, says:—

"On the other hand medicines operate most powerfully upon the sick when the symptoms correspond with those of the disease. A very small quantity of medicinal *arnica* will produce a violent effect upon persons who have an irritable state of the œsophagus and stomach. Mercurial preparations have, in very small doses given rise to pains and loose stools, when administered in inflammatory states of the intestines, ... yet why," he exclaims, "should I occupy time by adding more examples of a similar operation of medicines,

since it is in the very nature of the thing, that a medicine must produce a much greater effect when it is applied to a body already suffering under an affection similar to that which the medicine itself is capable of producing."

To prescribe *bismuth, morphia, sulphate of magnesia* and similar palliatives—medicines which have no elective affinity for the disordered structures—in a physiological dose is only reasonable, is necessary to enable them to exercise their influence, temporary only though it be, upon the health of the patient; but to give such a remedy as the *bichromate of potash* in inflammatory disturbances of the mucous membrane of the stomach in such a dose as the tenth of a grain is to excite physiological action and prevent the medicine producing a therapeutic effect until the system has become tolerant of it.

Dr Bradbury will find, as those have done who have daily used this medicine in cases similar to those he has reported during the last forty or fifty years, that the one-hundredth or the one-thousandth of a grain is perfectly efficient as a curative or therapeutic dose and one not likely to cause any such aggravations as those he met with.

Dr. Bradbury, in his commentary, which we regret that we have not space at present to consider, says that "although the therapeutic value of *potassium bichromate* is thus evidenced, a rational explanation of its action—that is of its pharmacology—is by no means easy." It is not; but, happily, the mode of selecting it as a curative agent is not difficult. The conditions it produces and the symptoms which manifest them have been abundantly demonstrated. Wherever similar symptoms indicate similar conditions, there it will prove curative.

We would urge Professor Fraser to read Dr. Hughes' article on *kali bichromicum* in his treatise on *Pharmacodynamics* (Leath & Ross, London), and then he will understand where Drysdale prescribed this salt, and why. While a study of the same drug, in the work entitled *Materia Medica, Physiological and Applied* (Trübner & Co., London) will enable both him and Professor Bradbury to obtain a larger knowledge of the action of the *bichromate* and of its literature than they have yet acquired.

TREATMENT OF CYSTITIS.

Frendenberg (*Wien. klin. Woch.*, June 6th, 1895) has tried *cantharidin* in 56 cases of cystitis. The formula used was *cantharidin* (Merck's) 0,001 (= 1 mg.), alcohol ad solvend.. 1.0; aq. distill. ad 100. A teaspoonful of this was given three or four times a day; larger doses did not succeed if this failed. Results: (1) In five cases no improvement: of these only one was afterwards cured by local treatment after trying other

drugs; the other four resisted even operative treatment (cases of vesical tuberculosis, contracted fibrous bladder, etc.). (2) In 19 its action was slight, or even doubtful, the strangury alone being improved, or the urine clearing without the cure being complete. In one of these the cystitis was due to perforating silk sutures after laparotomy, and the strangury was alone improved; in another the bladder had diverticula; some remained, however, in which the drug failed without apparent cause, for example, in one case of gonorrhœal cystitis afterwards cured by sandal wood oil. (3) The remaining 32 cases were completely cured, often surprisingly quickly. In three cases of gonorrhœal cystitis *cantharidin* succeeded where sandal wood oil failed. Conclusions: (1) *Cantharidin* is approached only by sandal wood oil in its action in cystitis, and the latter is to be preferred if urethritis is present. (2) Its advantages are its cheapness, tastelessness, and almost complete freedom from unpleasant symptoms, at least in the above given doses, frequent erection being noticed only once (after use for ten days), formication once, and a morbilliform eruption once. Disordered digestion or albuminuria never occurred.—*Brit. Med. Journ.*

MEDICAL LATIN.

"Familiarity breeds contempt" is an old saying, and one of wider application than that generally given to it. Hence it is that we have become so familiar with grammatical errors in Latin quotations, sufficiently short to have become current in medical literature, that we leave them altogether unnoticed and uncared for. This ought not to be the case in a profession which is not only conventionally regarded as "learned," but which at one time was, in its highest ranks really so, and among the lower very generally so. The following remarks on mistakes of this class we take from *Medical Reprints* (No 66), and as indicating how much a matter of habit it has become to allow blunders of this sort to pass uncorrected, we would notice that in the same number of *Medical Reprints* "*per orem*" occurs twice; and we ourselves have to admit that at p. 435 of our August number we allowed "*per orem*" to appear. If in writing we think well to use the words of another language we ought at all times to do so in accordance with the grammar of that language. It is a duty that we owe alike to ourselves and to the people whose language we employ to give expression to our thoughts.

"The New York *Medical Record* devotes a leading article to certain strictures, by an English writer, on medical Latin, which, while not wholly undeserved, exaggerate a little the evidence of carelessness which sometimes creeps into the

Latinity of the Profession. This writer, who writes himself modestly down a 'Philistine,' commences thus elegantly: 'For medical men Latin is not only dead but decomposed. Scholarship stops the nose at the putrid remnants of a so-called classical education which strew the pages of modern medical literature. To give only a few of the commoner barbarisms which can be culled from certain medical journals almost any week: we have *labiæ* intended for the plural of labium, *gummæ* as the plural of gumma, *fenestrum* for fenestra, *materia medica* intended as a neuter plural, *bronchiæ* as a plus-quam plural of bronchia, which is itself a plural, *pubis* for pubes. *Spicula*, *sputa*, and *scybala* are as often as not treated as singular forms—as indeed they are, in a different sense, to the grammarian's eye. Medicines are said to be given *per orem* in defiance of the rule as to the accusative of neuter nouns. Then there are the nouns of the fourth declension, like *meatus*, *processus*, *fœtus*, &c., to which a plural in *i* is assigned regardless of grammar. The whole tribe of Greek-derived nouns in *-ma* is treated as belonging to the first declension [*videlicit* in Latin, of course.—Ed. *M.H.*] and the feminine gender. The dermatologists are, perhaps, the worst offenders in this particular point, and their papers swarm with such monstrosities as eczema *seborrhoica*, erythema *exudativa*, &c.; but they do not stand alone. Your gynæcologist not infrequently writes about what he calls deciduoma *malijna*, and many syphilographers take *condyloma* to be a feminine substantive. The 'vulva were inflamed,' which I noticed in a contemporary a week or two ago, may pass as a misprint, but I think it not unlikely that the author had written 'the *vulvæ*,' for this is a form which, for some inscrutable reason, is greatly affected by the average medical writer. On the other hand, 'memoranda' is often treated as a noun singular, and quite recently in a paper by a F.R.S. and F.R.C.P., I noticed 'phenomena' dealt with in a similar *supra grammaticam* fashion. But for the full bloom of barbarism the curious inquirer may be referred to the Pharmacopœia of a certain hospital for women, which might have been published as a 'Pill to Purge Melancholy' in scholars. Nor are we in this country much worse than our neighbours, for Latin of a kind that might make Priscian turn in his grave may be found in French, Italian, and Spanish medical books; and German writers on medicine add to the uncouthness of Latin style, for which their scholars are notorious, a disregard of the elementary decencies of grammar which is all their own. The greatest fertility in the production of barbarism, however, is seen in the writings of our Transatlantic cousins, as might be expected from the superior inventiveness of that ingenious people."

THE DANGERS OF ATHLETICISM.

In the course of an article in the *Saturday Review* on "Athleticism in the Scale," Sir Benjamin Ward Richardson observes that at the present moment we are so proud of athleticism that it is becoming doubtful whether we are not going astray with regard to it. "It is clear," continues the writer, "that we cannot look round and take note of our contemporaries in any department of life without feeling certain that many who stand in the first rank are not indebted in any way to any physical powers which they may have cultivated for the development of their mental organisation, and I may include in that observation, also some men of past history. Yet, as a matter of history, the physical development comes first and proves that good physical work should be cultivated. The danger lies not in the cultivation of it, but in the over-cultivation, and the tendency now is towards the latter. I can remember when exercises of a physical kind were limited in number; when cricket and rowing were almost the only ones, and when rowing was the only exercise that led to any considerable risk of over-strain. Now both these exercises are being pushed to excess; while others which are very popular, such as football, cycling, and pedestrianism, are alluring men to an over-cultivation of certain parts of the body that should be shunned, that destroys its own object in so far as bodily perfection is concerned, and that certainly when it renders the body imperfect injures the mind of the owner and of those who unfortunately spring from him. The grand natural lesson we have to learn is to cultivate health; to overcome the excessive desire of competition; to be strong and skilful and enduring, but not ambitious after the manner of children who wish to be at the head of nowhere; and to remember when we use violent exertions there are certain parts of the body vital parts, on which the mental work depends, and which are easily ruined. The body can be killed through one organ, and in youth and middle age mortal injury of body and mind comes usually through one organ as the primary seat of evil; it is an evil of frequent occurrence and greatly on the increase. A man is said to 'throw himself heart and soul into his work.' Such a man is in danger. He has four great parts of his body to consider—his heart and blood system; his lungs and other organs associated with breathing; his muscles; his brain; and nervous system. But he does not heed them at all. He runs or cycles excessively, and in a much shorter time than he has the least idea of he makes his heart too strong for the rest of his organism and endangers the finer ramifications of the vessels which are under the domination of the heart. He rows without studying consequences, and long before he is convinced of injury, he has produced an injury of the chest

mechanism which may soon be permanently established. He takes to some muscular training which puts the muscular organs to an extreme of tension; large and small muscles alike are exposed to strain, both the strong muscles that give propulsion and the delicate muscles that guide, and, before he has become conscious of the error he has committed, he is a strained man, from which predicament he is fortunate if he makes anything like a complete recovery. Another man enters into competition in which his mental organs are kept awake for long intervals, charged with expectations, anxieties, fears, nay excess of satisfaction, and while he is yet young he grows old."

BICYCLING FOR WOMEN.

The average British daughter of the present day is half a head taller than her mother, and not unfrequently overtops her father. This "propagation of procerity" (if I may speak *ore Johnsoniano*) is doubtless a result of the awakening of the athletic spirit in the female breast which is one of the signs of the times. "Bicycling for Women" is now one of the questions of the day. The ladies have pretty well settled it for themselves; but the fact that a thing is fashionable among the fair sex is very far from proving that it is admirable either from the hygienic or from the æsthetic point of view. It would be deplorable if girls whom lawn tennis has made, like daughters of the gods, divinely tall, should be made hump-backed by the bicycle. There are dangers of another kind for women in this form of exercise, if indulged in to excess or at wrong seasons. On the whole, however, if only the ladies will temper their athletic zeal with some measure of discretion, bicycling seems to be not only unobjectionable but useful. Dr. Charles W. Townsend, an American physician, recently published (in the *Boston Medical and Surgical Journal*) the results of a series of enquiries addressed by him to a number of lady doctors practising in Boston and Massachusetts. Eighteen replies were received, which may be summed up as a chorus of approval—with only one dissentient voice—of the use of the bicycle by average women under proper conditions. Nine had seen no instance of harm arising from the exercise. Single cases of injury (in the form of ovarian inflammation, bleeding from the kidney or womb, displacement and miscarriage) had come under observation. On the other hand, a number of cases were cited in proof of the beneficial effects of bicycling in retroversion, enlargement and prolapse of the uterus. The advantage of the bicycle as a means of exercise for women to whom walking is difficult or impossible was dwelt on by several of the witnesses. The question "Would you advise the bicycle in any form of uterine disease?" was answered in the affirmative by all but

two. Dr. Townsend is careful to point out that the favourable verdicts were not received from bicycle enthusiasts, only one of the lady doctors to whom the questions were addressed having herself used a bicycle. The greatest source of danger to women in bicycling seems to be in the saddle, which, as usually made is not well adapted to the female anatomy. The construction of a perfect saddle for women is a problem that still awaits solution.—*The Practitioner.*

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

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Communications have been received from Mr. DUDLEY WRIGHT (London); Dr. HUGHES (Brighton); Dr. HAYWARD (Birkenhead); Dr. ORD (Bournemouth); Dr. BLACKLEY (Southport), &c.

BOOKS RECEIVED.

The Elements of Surgical Pathology. With Therapeutic Hints. By J. G. Gilchrist, M.D. Minneapolis: Minneapolis Pharmacy Company. 1895.—*The Homœopathic World.* September. London.—*Medical Reprints.* September. London.—*The Chemist and Druggist.* September. London.—*The Australasian.* July 10, 1895. Melbourne.—*The Calcutta Journal of Medicine.* July.—*The Homœopathic Eye, Ear and Throat Journal.* September. New York.—*The New York Medical Times.* September.—*The New England Medical Gazette.* September. Boston.—*The Hahnemannian Monthly.* September. Philadelphia.—*The Homœopathic Envoy.* August and September. Lancaster, Pa.—*The Medical Century.* September. Chicago.—*The Medical Missions Herald.* August and September. Chicago.—*Chicago Homœopathic Medical College Announcement.* Twentieth Session, 1895-96.—*The Pacific Coast Journal of Homœopathy.* September.—*Homœopathisch Maandblad.* September. Rotterdam.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

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IDIOSYNCRASIES.

THE winter session of the leading medical schools opened on the 1st day of last month. It has been an immemorial custom to have the session opened by an inaugural address given by one of the members of the staff of each medical school. This, in theory, is an excellent thing. It gives an ornamental character to a session of hard work; but when the process is repeated year after year in each medical school, the lecturer runs dry for want of novel material, all the interesting and original topics having been exhausted long ago, and hence, we generally find the addresses are flat, stale, and unprofitable. They usually consist of good advice to the young student, or a panegyric on the loftiness of the profession he is adopting, or are a series of platitudes which, perhaps, the tyro may relish, though we doubt even that, but which to everyone else, hearer or reader, is voted "slow." Good material cannot be always ready to hand, and the result is failure. Our own HAHNEMANN ORATION came to an end very properly, because, after the first half-dozen addresses, which were full of interest, everything was said that was to be said. In fact, it would be, now-a-days, worthy of consideration by the staff of the medical schools, whether it would not be best to dispense with this

interesting relic of history, and give up altogether the function of an introductory address, leaving to each teacher the liberty to make to his own class any suggestion, ideas, or thoughts which he might deem to be appropriate to his own pupils. This year the record is the usual one, and is not very profitable reading. Sir EDWIN ARNOLD'S address is an exception, but we can hardly look on it as a medical address, though delivered as such, and very charming in its own way. One other address, by Mr. POLLOCK, at the opening of the session at St. George's Hospital, we may also except, as a part of it dealt with a topic which is extremely important for the student or practitioner to take to heart, and on which we take the opportunity of enlarging in this article. This topic is "Idiosyncrasies" in patients in regard to food and drugs. That is, the fact that a considerable number of people are affected in a very peculiar way by certain articles of food or certain medicines, which thousands of others may take without developing such peculiarities. These peculiarities, or idiosyncrasies, are not infrequently pooh-poohed by medical men as the result of "fad" or imagination, and therefore to be disregarded or laughed at. Mr. POLLOCK, however, very wisely inculcates on his hearers the necessity of treating such with respect, not with ridicule. To do otherwise shows a mind of a very narrow order, a want of capacity for accurate observation, and a lamentable defect in judgment, which are fatal to the success of a physician. In the matter of food, it is of the highest importance to note well when a patient says that he or she cannot take certain articles, and a great cruelty, to say nothing of its being a tactical blunder, to ignore these idiosyncrasies and insist on the patient taking them, that we may be convinced that the difficulty is real and not imaginary. Mr. POLLOCK gives two marked examples of this idiosyncrasy in food. He says:—

"The following instance is remarkable, related to me by the late Dr. ROUPELL. A relative of his could not partake of rice without most alarming symptoms. You would say with truth one of the most innocent productions of the vegetable kingdom, one upon which thousands of the natives of India and China almost entirely subsist. Some friends of the person referred to wished to test the truth of this peculiar or supposed effect of rice, and knowing that he was fond of

biscuits had some prepared with one grain of rice in each. These biscuits were placed near him after dinner, and he partook of two or three. He became uncomfortable, and had to leave the table, observing at the same time that if he were not morally certain he had not partaken of rice at dinner, he was being poisoned by it.

"Another amusing instance is that of a man who could not eat gooseberries without their producing an eczematous eruption on some part of the body. When dining with a fashionable party, soon after the champagne had been handed round, he observed to a friend sitting next to him—and from whom I heard the facts—that the wine was not champagne, but gooseberry wine, and pulling up his shirt-sleeve, showed him the specific eczematous rash appearing. But what applies to the rice in the one case, or to the gooseberry in the other, also applies to many drugs in the Pharmacopœia."

There are many articles of food which develop in certain people unusual effects. Some can eat eggs by the dozen with benefit, while others cannot touch an egg in any form without being made ill by it. We know of a case where this peculiarity existed, and where her friends laughed at it, and resolved to test it by putting a small portion of an egg into her food in such a way that it could not be recognised, the result being a sharp attack of illness supervening directly. Some can take an egg when cooked in a pudding, but are made ill by one boiled or poached. We have known patients who invariably suffer from constipation if they eat eggs, while others we have known are affected in the reverse way, from diarrhœa. One patient told us she never required to take any medicine if she became constipated, as all she had to do was to eat an egg for breakfast, and more than an occasional one produced griping pains and diarrhœa. Hence, we frequently hear it said that eggs are "bilious." So with milk, an almost universal food, and an immense stay in illness. Most of us have met with cases where in no form could milk be borne, producing gastric pain, nausea, loss of appetite, and coated tongue, while others cannot take it by itself, but can do so in the cooked form to a certain degree. Fish, even whiting or sole, will digest with difficulty in certain persons, while others find chicken most indigestible. Lemon juice will sometimes cause sickness and gastric pain, while fruit, so wholesome in itself, is insupportable to a few. Oysters, so largely consumed all over the

world, are a *bête noir* to certain individuals, while other shell-fish are known to be uncertain in their effects. We met, not long ago, a lady of delicate digestion, who told us that lobster agreed with her when almost nothing else would, and another said the same thing of salmon.

When an article of food disagrees with a given individual, there is generally a sense of dislike to its taste, going even to loathing. Not only is it the height of folly to disregard these idiosyncrasies, but in ordering a special diet for the invalid, the true physician should first ascertain that nothing he has advised is a food which the patient "cannot take." There is another side, however, to the care required in thus individualizing cases. It would hardly be credited that doctors with whom personally milk and eggs, for example, disagree, would consider them poison for everybody. Yet, we have known such. They will tell every patient, "Don't touch milk or eggs; they are poison;" and this simply because they are poison to him individually, and while the patients have averred that they had taken milk and eggs all their lives, and were very fond of both, or either! Such want of philosophical reasoning is as bad in its own way as the ridiculing of idiosyncrasies.

But if it is necessary thus to watch the peculiarities of our patients in the matter of food, it is still more essential to do so in the matter of drugs. And Mr. POLLOCK lays stress on this point. He says:—

"Sir RUSSELL REYNOLDS has sent me the following notes: 'An elderly lady and patient known to me was highly susceptible to the influence of *opium* in any form, even to the minutest dose, its use inducing symptoms like Asiatic cholera. Many years before I had witnessed these effects she had casually mentioned this peculiarity to me. In prescribing for her when suffering from bronchial catarrh, I put in 10 minims of compound tincture of *camphor*. About half an hour after I was summoned, and found that she had been vomiting and purging, and was in a state of collapse. I had entirely forgotten the peculiarity with relation to *opium*, and in prescribing scarcely realised that in ordinary *paregoric* I was prescribing *opium*. In this case the dose of *opium* must have been $\frac{1}{24}$ of a grain.' *Mercury* will salivate rapidly in some instances, whether given internally or applied in the form of ointment. The importance of this fact in practice is

illustrated by a case which occurred to me when surgeon here. I had operated on a young woman for cleft palate. The parts were satisfactorily brought together with every prospect of early and complete union. In almost all operations in the mouth the tongue often becomes much coated. The house surgeon of the day considered it desirable to order a dose of *calomel* in consequence of the state of the tongue the day following the operation. The patient became most freely salivated, with the result that all union of the wound was arrested, and for the time being the operation proved abortive. I could refer to other cases of idiosyncrasies with respect to the influence of *opium*, *belladonna* and other drugs, but I think I have said sufficient to convince the importance of treating all idiosyncrasies with careful consideration. No doubt several of you can recall instances of idiosyncrasies in your intercourse with relations and friends, but what I wish to impress upon you is the importance of not ignoring in practice cases you may have brought before you. Treat them with respect, not with incredulity or contempt."

We are bound to say that the chief offenders—or we might almost say the only offenders—in the way of pooh-poohing drug idiosyncrasies are to be found in the old school, and Mr. POLLOCK may well inculcate on his audience the necessity of care and watchfulness in this respect. How often do we hear of patients under old school treatment who say that *opium* in any form has an exciting instead of a soothing effect, and yet the doctor laughs at it, and prescribes *opium* all the same till he finds out his obstinate mistake. So with *quinine*; we can hardly get an old-school practitioner to believe that the usual allopathic dose of *quinine* will, in certain—nay, in many—cases, produce severe headache, vertigo, and disorders of digestion. So with *belladonna*, which we have seen produce excitement and other physiological effects in even the 3rd centesimal dilution. So with *nux vomica*, which, with some patients, only aggravates constipation unless given in high dilutions, as the 12th or 30th. We know of one gentleman who can never take *nux vomica* as low as the 3rd centesimal dilution, at bed-time, without being kept awake in a state of excitement. Certain people tell one that *nux* never does them a bit of good, though seemingly well indicated, while *pulsatilla* invariably does what every doctor thinks *nux* is indicated for. Mr. POLLOCK'S case of salivation by *mercury* in the

form of a single *calomel* pill has many counterparts in our Materia Medica records. There is a well-known case recorded in our journals where a lady, who knew her idiosyncrasy in regard to *mercury*, beseeched her homœopathic attendant not to give it to her in any form. Being sceptical of the accuracy of her notions, and finding *mercurius* indicated, he gave it to her in the 6th centesimal dilution, not telling her what the medicine was. The following day she charged him with having given her *mercurius*, as marked salivation and other mercurial poisoning effects had began to develop. With the knowledge of such facts, it is a highly narrow-minded proceeding to ignore such idiosyncrasies, while, after a warning beforehand, the patient cannot but lose confidence in the doctor as one to be relied on and trusted in illness.*

But to homœopaths, idiosyncrasies in drug-action have a much greater interest and importance than the mere practical necessity of watching their peculiarities in prescribing. These often develop symptoms of the drug, which are very characteristic of it, and which are not developed in the ordinary run of patient or prover, and so elucidate facts of extreme value. In how many persons does *cinchona* or *quinine* develop symptoms resembling an attack of ague? and yet, when produced in the few, they give the key to the value of *cinchona* in the treatment of ague, and it was this power of the drug to produce a close simile to ague that was the NEWTON'S apple to HAHNEMANN in discovering his law of similars. So uncommon is this susceptibility of some persons to *cinchona*, that though there is ample evidence on record of its power to produce the simile of ague, many writers of the old school calmly deny the fact, thereby, of course, showing their ignorance of the literature of the subject. So with *ipecacuanha*; how many, or rather, how few, develop symptoms of bronchitis and asthma, and yet its power to cause such is the fact underlying its value, recognised by both schools, in the treatment of cases of bronchitis which most resemble the *ipecacuanha* symptoms, and in the treatment of

* In an interesting article by Dr. Harrison Blackley, in the July number of this *Review*, other illustrations of this drug-idiosyncrasy are given, and he gives cases also of the reverse condition—one of seeming insusceptibility to certain drugs in doses which would powerfully affect most people.

asthma. These idiosyncratic symptoms are of no use to the allopath, except as curious facts, but to us they are pregnant with meaning and with therapeutical value. How philosophical and far-seeing were HAHNEMANN'S observations on idiosyncrasies, as found in his much abused, but masterful work, the *Organon*. In paragraphs 116 and 117 he says: "Some symptoms are produced more frequently, that is to say in many individuals, others more rarely or in few persons, some only in a very few healthy organisms. To the latter class belong the so-called *idiosyncrasies*, by which are meant peculiar corporeal constitutions, which, although otherwise healthy, possess a disposition to be brought into a more or less morbid state by certain things which *seem* to produce no impression and no change in many other individuals. But this inability to make an impression in every one is only *apparent*. For as two things are required for the production of these, as well as all other morbid alterations in the health of man, to wit, the inherent power of the influencing substance and the capability of the vital force that animates the organism to be affected by it, the obvious derangements of health in the so-called idiosyncrasies cannot be laid to the account of these peculiar constitutions alone, but they must be also ascribed to the things that produce them, in which must lie the power of making the same impressions on all human bodies, yet in such a manner that but a small number of healthy constitutions have a tendency to allow themselves to be brought into such an obviously morbid condition by them. That these potencies do actually make this impression on every healthy body is shown by this, that they rendered effectual homœopathic service as remedial agents to *all* sick persons, for morbid symptoms similar to those they are capable of producing (though apparently) only in so-called idiosyncratic individuals." In these profound views, as in all others, HAHNEMANN was a century before the bulk of the medical profession, who are so feebly apt to deny or laugh at what they do not understand. The fact of the existence of idiosyncrasies teaches a large and important lesson, from whatever point of view it is regarded, and we are pleased to find Mr. POLLOCK taking up the subject, in however cursory a manner.

ALBUMINURIA.*

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ALBUMINURIA is a condition, the importance of which admits of no apology on my part for its selection as the subject of my paper at this, the most important of our meetings during the year.

Added to its inherent importance as a symptom or sign of disease, is the fact that it is a problem in the examination for life insurance, the difficulty of which quite overshadows the other difficult questions which may arise in such examinations.

In cases where we find symptoms indicating disease of the lungs, heart, &c., we have no difficulty in deciding against the proposer, but in the case of albuminuria and apparent disease of the kidneys, we have no such easy solution of the difficulty. I say *apparent* disease of the kidneys, as, until comparatively recently, all cases of albuminuria were regarded as cases of true kidney disease, and therefore ineligible for life insurance, under any class of premium. As a text for my remarks I will just mention the case which brought the subject of albuminuria strongly under my notice.

A medical man, aged 30, in moderate but not hard practice, applied in June, 1894, for life insurance in one of the oldest companies in the country. He was sent to the medical officer of this company, a man who had been in practice forty-two years, and is consultant to one of the largest provincial hospitals. He informed the examiner that he had suffered from oxaluria previously, and was told that this was of no significance. The physical examination was quite satisfactory, but on examining the urine albumen was discovered with the cold nitric acid. Being a medical man, the candidate was informed that of course this rejected him, and that he had better examine his urine further for pus or blood, on the supposition of renal calculus. Under these circumstances the candidate communicated with Sir Thomas Grainger Stewart, under whom he had studied,

* Read at the Annual Congress, 1895, and illustrated by lime light lanterns, showing thirty-one photographic slides and thirty-six microscopical sections.

and who is probably the highest authority in the kingdom on this subject. After personal examination and most exhaustive examinations of the urine, the candidate was passed on his report as a first class life by another company. An experience such as this raises questions which are of paramount importance to all of us. Which examiner was right? If the second one, then surely the former neglected his duty in not extending his examination, but jumping to a diagnosis from a single symptom, and want of knowledge, firstly, of the fact that this symptom may occur in other classes of cases; and, secondly, of the means of differential diagnosis in such cases.

Such a question might arise in the experience of any one of us, so let us consider the question in its practical bearings, so that we may be better prepared than before to decide what is the proper significance to attach to this symptom in each case in which we may find it. To consider the question of albuminuria *fully*, as must be done by specialists in each branch of medicine, would require a long series instead of a single paper; therefore we must pass over many of the interesting points and discussions on the subject, and content ourselves with picking out such details as will be of service to the general practitioner.

Albuminuria may be roughly divided into two classes, viz: (1) Where it is due to a pathological change in the kidney. (2) Where no pathological cause can be discovered. The former class embraces all the different diseases of the kidney, and constitutes the main class of cases of albuminuria; the latter class includes those cases where the albuminuria is termed functional, dietetic, vascular, nervous, or accidental.

Occurrence of Albuminuria.

Albuminuria occurs with more frequency that was formerly supposed, and in a far greater variety of diseased conditions than were associated with this symptom. Formerly, when albumen was discovered in the urine, positive diagnosis of Bright's disease was made; and any subsequent disappearance of the albumen was either paraded as a cure of Bright's disease, or was looked upon as an inexplicable development. It is only recently that it has been recognised that there are many

forms of albuminuria, which have varied causes and varied importance. We are still in a transition stage in our knowledge of the real significance of albuminuria; but at any rate our duty is to keep up with the latest knowledge on the subject, and modify any views we may hold which do not fall in with recent research.

To bear out my statement that albuminuria occurs far more frequently than is generally credited, I show you a table taken from Grainger Stewart, which shows that on the examination of the urine in 505 presumably healthy persons, albumen was found in 166 cases, or 32.8 per cent.

The number of cases examined and the care exercised in these cases renders these figures unimpeachable, and therefore we are led to the rather surprising conclusion, that one person out of every 3.045 suffers, at times, from albuminuria.

Cases of albuminuria have been catalogued in various classes. The most important is, of course, Bright's disease, using this term to include all forms of inflammation in the kidney structure.

Then Grainger Stewart has divided from these a class in which we would expect to find the changes present in Bright's disease, but in which no distinct evidence of this condition can be found. These cases he classes under the head of probably Bright's disease.

Then there are the cases of febrile albuminuria—cases where this symptom is found when the temperature is high, and where it passes off when the temperature falls. These cases may be due to the increased vascular tension present, to some alteration in the blood, rendering the albumen more transfusible, and probably to some inflammatory transudation from the vessels in the kidney, quite apart from a true inflammation of the secretory apparatus. These cases are distinct from such as true scarlatinal, or other infective nephritis which develops later, after the temperature has fallen, and runs the course of an acute nephritis proper.

Then we have cases which depend on alteration in the circulation in the kidney, where there is backward pressure from disease of the heart or lungs, or where the circulation is altered by embolus or thrombus, etc. To these cases the name vascular albuminuria has been applied.

In some cases, albuminuria depends on some morbid condition or morbid action on the part of the digestive system, and in other cases, to faults in the nervous system, as apoplexy, epilepsy, exophthalmic goitre. Albuminuria also occurs sometimes in diabetes mellitus, and is then a very grave complication.

In a fair proportion of cases albumen occurs in the urine, with more or less frequency or constancy, when no impairment of any system can account for it. It may occur without discoverable cause, or after exertion, mental emotion or hysteria, or exposure to cold. These cases constitute cyclic or functional albuminuria.

Then we may get albumen added to normal urine in its passage from the kidneys, or accidental albuminuria, due to the admixture of pus, blood, seminal or prostatic fluid, etc. A distinction has been drawn between these and cases which occur especially in women, and where there is probably some such addition to normal urine which cannot be certainly defined.

From a long and very interesting series of experiments, Grainger Stewart finds that the presence of albumen is favoured by diet and exercise, and that it occurs more frequently in soldiers than civilians; in people over 60 more frequently than in children.

A curious fact, which shows that it is sometimes due to increased blood pressure, is that in testing 369 boys in a training ship, Dr. Sterling found that it was more frequent in boys who played wind instruments in the band; occurring in 59.4 per cent. of those who played wind instruments, while in the other boys it only occurred in 12.8 per cent.

Origin of the Albumen.

In trying to determine which part of the filtering apparatus is at fault in albuminuria, we must first glance at the process in the normal kidney.

The watery part of the urine, with certain salts held in solution, transudes by a process of filtration through the capillaries of the Malpighian tufts. Many observers maintain that along with this watery portion albumen normally transudes, as is found in experiments outside the body, with animal membranes; and that this albumen is re-absorbed by the epithelium lining the tubules.

The evidence in favour of this is not sufficiently strong, and the probability is, that the blood pressure in these loops is so evenly balanced as to allow of the escape of the watery part without any albumen.

The urea and other urinary solids are not discharged by a process of filtration, but are secreted by the cells of the tubules. Of course some watery fluid passes out with these solids, and the cells lining the tubules draw these materials from the capillaries surrounding them.

In most cases the transudation of albumen occurs at the Malpighian tufts. Posner stated that if inflamed kidneys are boiled, coagulated albumen is found in the cavity of the capsule and the commencement of the tubules.

In frogs, where the Malpighian tufts have an arterial supply distinct from that of the tubules, Nussbaum obstructed the supply to the glomerular arteries, leaving that to the tubules free. He then injected egg albumen into the blood, but no albuminuria resulted, as would have been the case had the cortical vessels been in action.

There are four ways in which transudation of albumen may arise :—

1. Faulty condition of the blood.
2. Altered filtering apparatus—vessel walls and epithelial covering.
3. Abnormal tension or altered circulation.
4. Morbid action on the part of the epithelial and other structures of the kidney.

These causes rarely, if ever, act singly.

I.—Changes in the blood.

The discharge of albumen in Bright's disease is not due to a peculiarity of the albumen in the blood, as is proved by Stokvis, who injected albuminous urine into the blood of animals, and no albuminuria resulted. This albumen had escaped from the kidneys of the patients, so should have escaped also from those of the animals, had it been due to its transfusibility. Theories have been offered that it is due to undue wateriness of the blood, to the excess or diminution of normal salts, to excess of one of the albumens normally present, or to the development of abnormal and more diffusible varieties of albumen.

The most careful recent experiments by Stokvis go against the theory of wateriness of the blood, as he

considerably diluted the blood by repeated injections of water, and no albuminuria resulted.

Inspissation of the blood has no good evidence to support it.

Albumen transudes more easily through an animal membrane when salt is increased in the solution, but the evidence in favour of either absence or excess of salts is unsatisfactory.

Under this class come the cases of albuminuria which occur often in anæmia and in strumous and enfeebled constitutions, when no lesion of the kidneys can be discovered; also poisons and micro-organisms may so alter the blood as to permit of the transudation of its albumen into the renal tubules.*

II.—Altered states of the filtering apparatus.

This filtering apparatus consists of the Malpighian tufts, with their covering of flattened epithelium. Transudation of albumen may result from changes in the vessel walls, or in the epithelium, or both.

In the vessel wall the common change is waxy, with a probably abnormal permeability of the vessel wall, associated with changes in the glomerular epitheleum.

In glomerulo-nephritis, as after scarlet fever, the filtering apparatus is evidently at fault.

The blood passing through the vessels nourishes them, and when it is loaded with phosphorus or carbonic acid, Ribbert found that characteristic changes occur in the Malpighian bodies.

So also if the renal arteries are clamped for a short time, ¼ to ½ hour; also in venous stasis, or obstruction of the ureter; severe hæmorrhages, cholera, severe anæmia † and advanced carcinoma, and perhaps in purpura and scorbutus.

Changes affecting the filtering apparatus proper are not confined to the Malpighian tufts, but often affect the epithelium of the tubules and the interstitial tissue of the kidneys.

Urinary stasis has been shown by Aufrecht to affect first the glomeruli, and then to extend to the tubules and other structures of the organ.

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* Purdy. † Grainger Stewart.

III.—Abnormal vascular tension.—Albuminuria may be caused by increased vascular tension. This is proved by a series of cases reported by Grainger Stewart, in which albuminuria when present was increased, and in several cases where not present it occurred after muscular exertion; in soldiers on heavy fatigue duty and in boys after football. I place upon the screen here a series of very interesting tables, compiled by Grainger Stewart which prove the occurrence of albuminuria as the result of increased vascular tension. The first table was obtained from tests on soldiers. It was found that in some cases a march removed the albumen, in others it caused it, but severe exertion produced it in a large percentage of cases.

The second table shows that in 25 boys—one of whom showed albuminuria before playing football—fifteen showed albuminuria after football.

Cold bathing also tends to favour albuminuria by increasing the internal blood pressure. This is shown also in a table copied from Grainger Stewart. Of 21 boys, 4 showed the symptom before the bath, while it occurred in five after the bath, an increase of one. The same cause of albuminuria is shown in the series of cases mentioned previously, where Dr. A. A. Stirling found that in 64 band boys in the training ship at Grays, Essex, 38 or 59.4 per cent. had albuminuria; while out of 305 boys otherwise under like conditions, but not in the band, only 39 or 12.8 per cent, showed the symptom.

In experiments made by Senator, he demonstrates that in cases of stasis, the albumen first appears in the tubules, and then in the glomeruli. If the animals with their renal veins ligatured were killed in 8 to 15 minutes, albumen was found in the tubules but not in the Malpighian tufts. Attempts have been made to produce increased arterial tension, by ligaturing the aorta between the renal arteries, or by removal of one kidney. It is doubtful if the pressure is really raised in this way, and the results in albuminuria are doubtful. In diabetes insipidus, the tension must be increased, and yet albumen is a rare accompaniment. Grainger Stewart reports a case passing 600 ozs. of urine in 24 hours, but no albumen. *Digitalis* and other diuretics instead of increasing the albumen, actually diminish it, and yet the diuresis

must be due to increased blood pressure. Also there must be marked increase of pressure in the Malpighian tufts in renal cirrhosis when the urine is excessive, yet often the amount of albumen is slight. I show you the pulse tracing from a chronic case of gouty kidney. I have felt this patient's pulse when it has only beat 29 per minute, and I never found it more than 41 ; the tension is excessive, yet infusion of *digitalis* in one drachm doses increased the amount of urine, but diminished the albumen.

Albuminuria occurs in apoplexy, epilepsy, hysteria and after puncture of a point in the floor of the fourth ventricle. This may be the result of vascular dilatation, or a secondary result of spasm, or impairment of nutrition of the filtering apparatus.

We see therefore that increased pressure in the vessels of the kidney may cause albuminuria, but it is not an important direct cause.

IV. In inflammatory states of the kidney albumen is present. In such conditions we got the disturbance of circulation and alteration in the secreting cells, and this will account for the presence of albumen. The blood also undergoes alteration in continued fevers and in infective fevers, so this condition aids the albuminuria found in such cases. But added to this there is probably a transudation of albumen apart from the special function of the kidney—such a transudation as is found in inflammation in any other part of the body. This helps to increase the amount of albumen in the urine, and partly accounts for the great quantity of albumen found in some inflammatory attacks, especially in the more acute forms. It has been maintained by some that albumen is always present in the urine as secreted by the Malpighian tufts, and that it is re-absorbed by the tubules, and owing to the morbid action of the epithelium lining the tubules, it is not re-absorbed, but passes out with the urine. But in inflammatory states of the tubules inflammatory exudation takes place, and accounts for some of the albumen.

We find from these considerations then that albuminuria results in the great majority of cases from some inflammatory state of the filtering apparatus, or stroma of the kidney, but we also find that it undoubtedly occurs

in some cases from increased blood pressure, as in the series of cases reported after exertion, etc., that it occurs from increased permeability of the vessel wall, as especially in waxy disease, and that some states of the blood may favour its production, perhaps by rendering the albumen of the blood more diffusible. We must also bear in mind the cases of accidental albuminuria, where the urine is normal when secreted, but has albumen added to it from an inflammatory condition of any of the passages through which it flows, *i.e.* pelvis of kidney, ureter, bladder or urethra.

Amount of Albumen.

The amount of albumen present in the urine cannot be regarded as an index of the gravity of the disease present, as in some cases the amount may be minute, while the pathological condition is more grave than in many cases where albumen is passed in large quantities.

Where albumen is found by means of qualitative tests, as heat, or cold $H N O_3$, we can only say that albumen is present in large or small quantity, and to attempt to state the amount in percentage by this method results in statements which are ludicrous in their inaccuracy, For instance in a case recently published in our reports, the amount of albumen is stated to have varied from 25 per cent. to 40 per cent. This means that there was one ounce of solid albumen passed in each 4 oz. of urine, or in the latter percentage, 1 oz. in each $2\frac{1}{2}$ oz. of urine. This is an impossible amount, and such loose statements should not be made. It is a very extreme case when the amount of albumen is over 400 grains per diem, and the reaction may be found distinctly in cases where the daily amount is not above 2 or 3 grains.

To further show the absurdity of guessing percentages of albumen, let us work out such a case as stated above, taking the second figure of 40 per cent. The total amount of albuminous material in an ordinary diet is about 4.25 oz. in 24 hours. The total amount of albuminous material in the blood is stated as 7 per cent., not counting the hæmoglobin. The total amount of blood is $\frac{1}{13}$ the weight of the body. In a person weighing 10 stone 3 lbs., this would be just 11 lbs. as the total weight of blood, and of this $\frac{7}{100} \times 11$ lbs. $= \frac{77}{100} = 77$, or

slightly over ¾ lbs. of albumen in the entire blood of the body.

Now, allowing that the daily amount of urine was only 40 ozs., then the total amount of albumen passed $40 \times \frac{40}{100} = 16$ ozs. of albumen per diem, which is only about half an ounce less than the total amount of albumen in the patient's blood, plus the total amount in each day's dietary.

It is therefore evident that when any comparison is required in the amount of albumen in different specimens, some quantitative test must be used, and taking all things together the best yet devised, in point of ease and accuracy, is Esbach's test, which will be fully described under quantitative tests for albumen.

Examination of the Urine.

Supposing that we have in the course of examination of a patient, either in private practice or for life insurance, found albumen in the urine, we should not at once diagnose Bright's disease. Certainly the albumen is an important indication, but not an indication for a diagnosis of Bright's disease, but an important indication for further examination.

The past history is extremely important. Acute nephritis, scarlet fever, even when no nephritis was recognised, diphtheria, etc., alcoholism, lead poisoning, gout and other disposing causes must be carefully sought. Any evidence of scanty urine, puffiness of eyelids or ankles, chronic wasting disease, syphilis or suppuration must be carefully noted. The family history is important. But even in cases where evidence is obtained in any of these directions, and especially in the frequent cases where no such history can be obtained we must never neglect a further examination of the urine. Thorough tests for albumen, qualitative and quantitative, must be made, the daily amount of urea must be estimated, and the deposit, if any, carefully studied under the microscope. In cases where Bright's disease is probable a specimen of the urine taken from the collected urine for 24 hours should be tested; in cases where no evidence of Bright's disease can be obtained; not only must this specimen be examined, but also a specimen taken direct, at each micturition during the 24 hours.

The total amount of urine in 24 hours must be noted, its colour, clearness or turbidity, and amount of deposit observed. One specimen must be tested for albumen, and another for urea, and a portion of the settled deposit placed under the microscope.

The amount of urine should be about 50 oz. per diem. In acute nephritis the quantity is much lower, varying from complete suppression upwards. In chronic nephritis the amount of urine may be normal, in cirrhosis it may be normal or increased and pale in colour, and of low specific gravity. In waxy disease the amount may be excessive up to 250 oz. or more, and the specific gravity low, even to 1005.

The colour may vary from pale watery in cirrhosis and waxy disease, to smoky red or almost black in acute nephritis. It may be clear or smoky from admixture of blood, or turbid from mucus, urates, etc. The deposit may consist of mucus, urates, uric acid, phosphates, oxalates, epithelium and casts.

The specific gravity should be from 1015 to 1025. It is fairly high in functional, cardiac or febrile albuminuria; it is usually low in other cases.

In making quantitative tests for albumen or urea the specimens should be taken from the mixed urine collected for 24 hours, as these constituents vary during the day, and the daily amount can only be correctly estimated by taking a sample from the total mixed urine.

(To be continued.)

ON THE SYMPTOMS OF LEAD POISONING.

By Charles Harrison Blackley, M.D.

(Continued from p. 569.)

In addition to the cases described in my former article, several other cases of lead poisoning have come under my notice during the last three or four years. In some of these I have been able to watch the case more continuously, and to note the symptoms more carefully, than I could do in the previous examples.

X.—One of these cases was that of a lady who was residing in Yorkshire, but who had previously been under my care for some years in Manchester for various ailments. From notes with which the patient furnished

me, I have, along with the help of my own notes, been able to obtain a tolerably complete history of a severe case of lead poisoning.

In the latter part of 1892 the patient came to consult me at my rooms. From the account she then gave me, it appeared that the commencement of the ailment had been very obscure and indefinite, but gradually developed into a train of symptoms that were more positive.

At the time the patient first called upon me she was suffering from great depression of *mind*. She was anxious and irritable about trifles, and had a sense of general but indefinable discomfort, with a feeling of dread about her as if some terrible misfortune was about to happen to her. The patient had become very weak and was easily exhausted. A much smaller amount of exercise than formerly would quite exhaust her, and she constantly felt used up and good for nothing.

This state of things led me to enquire if there were any possibility of the patient having been using drinking water that was impregnated with lead. So far as she knew there was no likelihood of this having been the case; but nevertheless, I strongly urged that if they had a cistern in the house in which the patient resided they should have this examined. This was done accordingly, and the report of the plumber who examined it was that it was a galvanised iron cistern and not lead, and, from other enquiries that were made subsequently, it did not seem possible for lead poisoning to arise from any other source.

The patient did not improve, however, but steadily got worse. She became more depressed in her mind, and gradually got weaker as the ailment progressed. This, the patient herself, attributed principally to the fact of her having recently nursed her daughter through an attack of scarlet fever, and to the loss of sleep and exhaustion consequent upon this. This was not my own opinion however; for, in spite of my not being able to trace the source of the mischief, I was fully impressed with the idea that it was really a case of lead poisoning.

Following on the symptoms given above, the patient after a time had constant *headache*, which was usually most severe in the morning on first awakening, but

which moderated somewhat in the latter part of the day. This was never entirely absent however, and was sometimes attended with shooting pains in the head, of a neuralgic character. These were also most severe on first awakening in a morning and immediately after rising.

The *scalp* was very sensitive to the touch, with a feeling as if the hair was drawn back too tightly.

The *eyes* felt weak, and it was difficult to keep the sight clear when fixed on any object for a short time, the centre of the object becoming dim, as if covered by a slight haze. The white of the eye had a blood-shot appearance at times, from congestion of the vessels of the conjunctiva. If the eyes were used for working or reading by lamp-light, the eyelids would be closed by mucus the following morning, and the eyes would be painful when exposed to a strongish light.

In the *ears* there was a slight deafness, which was worst in the left ear, with a sound of singing and a slight sense of throbbing in this ear. There was a sensation of stoppage in the ears, but no perceptible discharge or increase of wax.

In the *face* the vessels of the forehead and of the temples were swollen; and the face had a drawn appearance, as if the patient was suffering from pain.

There was a disagreeable taste in the *mouth* in a morning, with more or less of a loss of taste in the latter part of the day. There was some receding of the gums, and the teeth felt loose and elongated, but there was no blue line on the gums.

In the *stomach* there was a painful feeling of distension after a little food had been taken. There was also, at times, a sensation of sinking at the pit of the stomach, with nausea and inability to take food when it was placed before her. There was a desire for sugar with either food or drink, and, at the same time, an aversion to animal food in any form. There was also a constant feeling of nausea and sickliness, both before and after partaking of food. But this did not go so far as to produce vomiting until three days before I was called in to see the patient at her own home. From this time the vomiting was more or less continuous, if food was taken.

In this state of matters I one day got a sudden message requesting me to go and see the patient as quickly as I could. On arriving at my destination I found her in a state of great suffering. There were violent attacks of colic, coming on every fifteen or twenty minutes, but never entirely ceasing in the intervals. There were also violent spasms of the abdominal muscles, and apparently of all the structures contained in the pelvis. There was constant vomiting when any food was taken, until the whole of the contents of the stomach had been evacuated. Even a teaspoonful of water would cause violent retching.

This state of matters had for some weeks been preceded by a dull aching pain in the *back* and round the waist on a level with the *umbilicus*. This gradually extended downwards until all the structures in and about the pelvis seemed to be pervaded by it, and sometimes the pain extended downwards into the thighs.

The pain in the *bowels* was accompanied by a bruised and tender feeling in the whole abdomen, and as if pressed upon by a weight. For some time there had been more or less constant diarrhœa.* The pains were always worse at night or when reclining in the day time, and at times the violent pains made the bowels feel as if they were being twisted round, and often the paroxysms were so severe and frequent that it was impossible for the patient to keep still until she was quite exhausted. The pains sometimes resembled those of child-birth, but were more severe if possible.

In the *rectum* and *bladder* there was great pressure with loss of power when the paroxysms had passed.

The *stools* were usually at this time dark coloured, frothy and offensive, with a watery discharge after the stool was evacuated.

There was *palpitation* of the *heart* without any adequate cause in the way of physical exertion or mental disturbance.

The *feet*, the *legs*, and also the thighs for a short distance above the knees were swollen, and the calves were painful on being pressed.

The *urine* was tested by Esbach's method on two or

* The patient had had dysentery, whilst a child, in India.

three occasions, but was not found to contain any albumen.

The *skin* was tender to the touch, and there were itching eruptions on the lower part of the back and on the thighs. These were vesicular in form at first, and contained a fluid which, on drying, formed a firm crust which was slightly raised above the surface of the skin. These, at times, itched intensely.

The *sleep* had been broken for some time. There was often complete inability to sleep until morning, when the patient would fall into a heavy sleep and awake quite unrefreshed; and generally she would have a severe headache on awaking.

One symptom this patient had that was very peculiar. After sleeping there would often be entire inability, for a few seconds, to move any part of her body on attempting to turn over in bed. The moment any attempt to move was made, it was as though all the limbs were suddenly seized with cramp, which prevented any motion being possible on account of the intense pain it set up for a second or two.

This symptom is exceedingly difficult to describe, but as I subsequently had similar symptoms in my own experience of lead poisoning, I can better understand the sensation than describe it; and I am the more impressed with its peculiarity. When I come to describe my own case I shall refer to this again.

Although there was no blue line on the gums, nor any sign of wrist-drop, there was now no shadow of doubt on my own mind that I had here a case of lead poisoning of a very severe character to deal with. As it was obviously impossible for me, fifty miles away from my own home, to pay that attention to the case that it absolutely demanded, I at once wrote to Dr. Waddington, of Bradford, and requested him to take the patient in hand; at the same time explaining to him what was my opinion of the nature of the ailment, and strongly advising that a re-examination of all the sources of the water supply, including the cistern, should be made.

This was done under Dr. Waddington's superintendence, and it was found that the cistern, which had been reported by the plumber to be lined with zinc, was a lead cistern. On being tested by an analytical chemist, the water was found to contain quite an appreciable

quantity of lead. The servants had always been strictly forbidden to draw water from the hot tap which communicated with the bath boiler and with this cistern, but, as was afterwards discovered, had constantly disobeyed the order when pressed for time in a morning. This had been the source of all the trouble and of all the suffering the patient had endured. Under Dr. Waddington's care, and the cessation of the use of the tainted water, the patient made a steady and good recovery.

XI.—A few months before my removal to Southport, the only son of the first patient (I.) named in this paper on lead poisoning, came to consult me at my rooms in Manchester. He was about 24 years of age, of rather a spare habit and of middle height. He had been trained to the plumbing business by his father, but during the life-time of the latter had not worked at it so closely as he did afterwards. Since his father's death, however, he had been obliged to earn his own living, in the ordinary way, as a journeyman plumber. So far as I could ascertain he had been very steady and sober, and had never had syphilis.

Some months before the patient came to see me, he began to feel a sense of weakness in the lower extremities; this gradually increased, and his step became uncertain. At the time of his first interview with me, it required quite an effort, on his part to put the foot down just where he intended to do, and this was done in a jerky and spasmodic manner. There was not quite that pronounced impact of the heel on the ground that we see in most cases of locomotor ataxy, but still it was very noticeable. On closing the eyes he was able to walk across the room without falling, but the gait was much more unsteady than when the eyes were open. On testing the lower limbs for the patellar reflex movement, it was found to be absent in both.

The birth of this young man had occurred some time after the father had begun to be affected with facial paralysis and with epilepsy. No symptoms, however, of either of these maladies had so far manifested themselves in the son's case. There was, at the time the patient consulted me, a narrow blue line on the gums, but, according to the account given me, there had not been any other of the usual symptoms of lead poisoning. The symptoms of

locomotor ataxy are, like those of facial paralysis, somewhat rare in lead poisoning, but that they do occasionally occur is moderately certain. The following case, which is taken from *Allen's Encyclopædia*, in the provings of *plumbum*, may, in addition to the one cited above, be taken as an example:—"Very evident want of motory co-ordination in the movement of both legs. When he tries to move them the muscular effort is not exactly adapted to the desired end; walking is very difficult; he strikes the ground with his heel when he puts his legs out; in walking with his eyes shut he staggers." *

How far the father's condition, previous to the birth of the son, predisposed the latter to the development of the symptoms of locomotor ataxy is very difficult to determine; but it is tolerably certain that it would have some degree of unfavourable influence, how much it is impossible to determine. Then it is important to remember that the patient had been working more or less amongst lead for many years before the symptoms of locomotor ataxy showed themselves, and it is only fair to say that although I failed to discover any other cause for these symptoms, such as syphilis, this may have been an antecedent condition.

As this patient lived thirty to forty miles away, and ceased his attendance upon me after two visits, I had no opportunity of knowing how the case terminated.

XII.—In the next case that came under my notice I myself was the subject of an involuntary experiment on the symptoms of lead poisoning. Fortunately, however, I discovered the source of the mischief before much harm was done; but it shows how readily one may be made the recipient of deleterious substances even when every reasonable care has been taken to avoid them. The trouble occurred in this way:—The house I removed to in Southport was a new one that had never been tenanted. Attached to the house was a large rainwater cistern lined with cement. To the downspout of the house was fixed one of "Roberts's Patent Vertical Separators." This acted automatically, and the effect was, that when there had been a spell of dry weather, the roof

* *Encyclopædia of Pure Materia Medica*, by T. F. Allen, M.D., p. 95, vol. viii. Philadelphia, U.S.A.: Boericke and Tafel. 1877.

would be thoroughly washed before any water was allowed to go into the cistern. The result was, that the water was as nearly like pure distilled water as it could be without being the thing itself. Attached to this cistern was an iron pump, by which the water could be raised into the back kitchen when it was needed. The water gave indications of being impregnated with iron if it were allowed to stand any length of time without the pump being used, and from this I naturally concluded that I had only iron pipes attached to the pump. The consequence was that, as the Southport water is excessively hard, I determined to use the filtered rain water for my own drinking.

After using the water for a few weeks I began to have spells of neuralgia on the left side, spreading from the scapula to the finger ends. Then in another few weeks the wrist began to swell and to be excessively painful when moved. The pains in the wrist and in the arm were most severe during the night and in the early morning, but moderated as the day wore on. For some seven or eight nights I got very little sound sleep, but this was not always on account of the severity of the pain; it seemed sometimes as if sleep entirely left me for a time, just as it does if I take a cup of moderately strong coffee before going to bed.

This experience caused me to make closer enquiries as to the arrangement of pipes for the rainwater cistern spoken of above. Eventually I found that a two inch lead suction pipe was attached to the pump and dipped into the water in the cistern. When this discovery was made I tested the water, but found in its ordinary state no indications of its containing lead and even when I had evaporated the water to one-tenth of its previous volume it gave only the faintest possible indication of its being impregnated with this metal.*

But there were other symptoms in addition to those given above that showed that I was suffering from lead poisoning. In the early stage of the attack, along with

* It is necessary to say that it is highly probable that the water had not been disturbed for some weeks before I began drinking it, and also that before it was tested it had been more than once renewed by fresh showers of rain. If it had been tested at the commencement, probably it would have given a much more distinct reaction to show that it contained lead.

the other symptoms, there was extreme depression of mind, but as this was a symptom I had seldom been troubled with I attributed it to temporary causes, which would probably disappear after a time, but it was very severe at times and did not disappear rapidly.

The *head* remained free from pain, with the exception of occasional twitches of neuralgic pains in the forehead.

In the *scalp* there were eruptions of pimples which itched very much at times. Sometimes this occurred so suddenly that it felt like the sting of an insect, minus the sharp pain. It was quite unbearable for a second or two after it first came on. There was a milder form of this symptom in the skin of other parts of the body.

In the *skin* of the forehead this symptom was also very severe, and caused such an intense desire to rub it vigorously that it was difficult to withstand the temptation wherever I might happen to be.

The *eyesight* was disturbed in a very curious manner. My sight has been, and is still (in the daytime), remarkably good. I am able to read the smallest print without the aid of glasses. Since this attack of lead poisoning, however, the sight gets worse as soon as the daylight begins to fade, but it is principally the central part of an object that is dimmer than the rest; but that symptom disappears the moment I get within range of a bright light, such as the electric, or Welsbach's incandescent, light. In the earlier part of the attack this symptom was very pronounced, and is still present with me though in a much milder form.*

In the *mouth* there was no blue line on the gums, but the mouth was inclined to be dry and parched at times.

In the *throat* there was hoarseness accompanied with tenacious mucus, which could only be detached after a considerable amount of hawking. The voice became rough and unpleasant to listen to if I talked much.

In the *ears* and in the *nose* there was nothing that could be said to be distinctly due to lead poisoning.

In the *stomach* the symptoms were mild but still distinct. The most prominent symptom was a sudden distaste for food when it was set before me or when two

* I have had a similar symptom from the smoking of tobacco, but the symptoms arising from lead are much more persistent than those caused by tobacco.

or three mouthfuls had been taken. There was also slight nausea with a feeling of pressure in the centre of the bowels.

In the *abdomen*, with the exception of the symptoms named above, there was not anything to note.

The *bowels* were much constipated as if from loss of tone and expulsive power in the *rectum*.

One of the most prominent of the general symptoms was loss of flesh. In spite of the purer and more stimulating air of Southport, I lost five to seven pounds in weight during the first few months of my residence there. But the most prominent general symptom was the loss of strength and the sense of utter prostration that came over me at times. A walk of a quarter of a mile would quite exhaust me and compel me to rest for a time before I could go on, whereas my usual habit was to walk three to five miles at a stretch without feeling any undue sense of fatigue.

I have referred at case No. X. to a symptom which the patient had, and which at the time I thought was very extraordinary. I allude to the feeling of cramp and of loss of power which seized the patient on attempting to move after resting for awhile. I had a similar sensation, but in my case it was principally in the lower limbs that it was felt, and then only after resting for some time. The longer one rested the more difficult it was to make a move if one made the attempt. At the first moment of making the move the pain was most intense, but after the first bit of the movement had been made, the rest of the distance was much more easy. It is a remarkable symptom, and one that I have not met with before in any drug I have experimented with—at any rate, not to the same extent.

(To be continued.)

NITRATE OF URANIUM.

By Richard Hughes, M.D.

The communication made by Dr. Samuel West to the British Medical Association, relative to the treatment of diabetes by *uranium nitrate*, has naturally first attracted attention on its controversial aspect—its bearing on the question as to whether the homœopathic rule, *similia*

similibus curentur, is a true guide to the discovery of curative medicines. From this point of view it has been sufficiently discussed in these pages and elsewhere. It may be well, now, to consider the treatment illustrated by Dr. West on its own merits, to supplement his somewhat imperfect account of the literature of the subject, and to estimate the value of the remedy.

Dr. West writes:—"Leconte, in 1851, stated that prolonged administration of small doses to dogs produced glycosuria. On this, Dr. Hughes, a homœopathic physician, suggested the use of *uranium* in diabetes. He tried it, he stated, in several cases, and found that many were relieved and several completely cured. The doses that he used were from $\frac{1}{100}$ gr. to $\frac{1}{50}$ gr. Beyond these stray observations nothing, I believe, was done until Chittenden published his first paper in 1888, and a second, in association with Lambert, in 1889." After summarising their results, he concludes:—"This represents, so far as I can ascertain, all that is known of the physiological action of *uranium*."

We shall best fill up the gaps in this statement by a chronological bibliography of the drug.

1853.—Leconte. Thèse, entitled "De l'emploi de l'azotate d'uranium dans le recherche des phosphates et de son action toxique et physiologique." His statement is that within the first three or four days which follow its ingestion in dogs, sugar is found in abundance in the urine.

1860.—F. S. Bradford. *North American Journal of Homœopathy*, vol. viii. Points out the import of Leconte's results from the homœopathic standpoint, and says that he has found that, in diabetes, two or three grains of the 3rd trit., morning and night, will in a short time reduce the quantity of urine passed to nearly a normal standard, and that after a continued use the proportion of sugar is materially lessened.

1861.—E. M. Hale. *Ibid.*, vol. ix. Three cases related, all presenting the characteristic symptoms of diabetes, but no examination of the urine made. In all the polyuria was removed, and the general health greatly bettered. The 1x trit. was used in the first case; the 2x in the third; in the second, 10 grains of the pure salt were dissolved in half-an-ounce of water, and 10 drops of this solution given four times a day.

1866.—Hughes. *British Journal of Homœopathy*, vol. xxiv. Summary of above, and three fresh cases, with urinalysis and daily specific gravities. In one, great improvement; in the two others virtual cure. The 3x and 2x dils. were used; 5 drops three times a day.

1867.—Curie. *Bull. de la Soc. Méd. Hom. de France.* Three more cases, one cured; in the others the quantity of sugar in the urine reduced by one half.

1867.—Drysdale. *Brit. Journ. of Hom.*, vol. xxv., p. 597. "I have a case now in progress, where the diminution of sugar and amendment of the general health under the action of the uranium are very striking, though the diet has not been changed at all."

1868.—Cornell. *Ibid.*, vol. xxvi., p. 661. Case of profound anæmia, with emaciation and thirst. Polyuria to a high degree was found, but no examination of urine made. Recovery under 3-gr. doses of the 3x trit. was very rapid.

1868.—Edw. Blake. *Ibid.*, p. 1 and 585. Experiments on one healthy man and one woman with chronic albuminuria; also on nine rabbits, eight cats, and two dogs. Urine in several of the animals was albuminous (that of rabbits is said to be normally so, but the phenomenon occurred also in cats), but in one only (proving vii.) was for a time saccharine. "In every rabbit save one there was a deviation from health in the state of the pyloric end of the stomach, even when the poison was introduced under the skin. In three of these there was found a gastric ulcer, deep, well-defined, and solitary. In one of the cats (proving vii.) two ulcers were discovered in the duodenum."

1869.—Drysdale. *Ibid*, vol. xxvii., p. 306. Case of gastric ulcer with chlorosis; former healing under *uranium*, gr. i. of 1st trit. *ter die.*

1871.—Edw. Blake. Monograph on *uranium*, forming Part II. of the *Hahnemann Materia Medica.* Contains another proving on the human subject, together with these published in 1868, and all foregoing clinical experience, with some additional cases communicated or excerpted. In two of these, by Dr. Jousset, the 6th and 12th dilutions were used with benefit; in one of them the latter was successful in clearing the urine of sugar, which had persisted while the lower potencies were used.

1874.—Carey. *Lancet*, June 13. Case of diabetes steadily getting worse under ordinary treatment, but recovery setting in and going on to complete cure under *uranium*, gr. $\frac{1}{6}$ to $\frac{1}{3}$ three times a day.*

1875.—Magdeburg. *Hirschel's Zeitschrift*, bd. xx. No. 14. Reports two cases of practical cure by quarter gramme doses of the 2x trit. of the muriate three times a day; and says, "I have satisfied myself by my own experiments that after several weeks ingestion of small doses of *uranium muriaticum* or *nitricum* by healthy persons sugar can be found in their urine."

1875.—Hughes. *Manual of Pharmacodynamics*, 3rd ed. Summarises foregoing, and suggests that *uranium* is best suited to diabetes originating in dyspepsia or assimilative derangement; while *phosphoric acid* excels it where the starting point of the disease was in the nervous system.

1877.—Koeck. *Internationale Hom. Presse*, vol. ix. Case of cure. From a solution of gr. $\frac{1}{8}$ in an ounce of water, two drops were taken and shaken up with a drachm of alcohol, two drops of this preparation being given three times a day.

1877.—Jousset. *Elements de Médecine Pratique*, 2nd ed. "This substance, which produces an artificial diabetes in dogs, causes in diabetes the disappearance of the sugar without any restricted regimen. There are even a restricted number of observations in which the malady has been completely cured. The practitioners who have employed the *uranium* have generally given strong and increasing doses of the first decimal triturations (Curie, Ozanam). However, we have one fine instance of perfect cure with the 6th dil. (Love). Eight years of experience have confirmed, to my mind, the favourable action of the drug in the treatment of diabetes. It rarely produces a radical and definitive cure, but nearly always effects a considerable amelioration in the general condition of the patient. The principal indication for it is excessive thirst."

* Credit was given by Mr. Carey to his homœopathic precursors, but this was suppressed by the *Lancet*. (See *Brit. Journ. of Hom.*, xxxii., 757.) The opening of Dr. West's paper shows that things are improved now.

1879.—Black. *Brit. Journ. of Hom.*, xxxvii., pp. 122 and 354 (see also xxxviii., 90). Critical analysis of foregoing, with further favourable testimony from Drysdale and Ker.

1881.—Rochet. *Bull. de la Soc. Méd. Hom. de France*, March. A case of diabetes in a lady of 58 cured in four months by *uranium nitricum* 3, with a moderately restricted diet.

1888.—Chittenden. *Therapeutic Gazette*, p. 698. Experiments on rabbits conducted at Yale University, confirming Blake's results as regards albuminuria, and showing this to depend on a parenchymatous nephritis; but adding glycosuria, which appeared in seven out of nine animals poisoned with the drug.

1889.—Chittenden and Lambert. *Zeitschr. f. Biologie*, p. 513. Further experiments, with similar results. (See Dr. West's paper.)

1889.—Woroschilsky. *Thèse*, Dorpat. Further experiments on animals (see Cartier), mainly with *tartrate of uranium* and *sodium*. Similar results, including Blake's ulceration.

1890.—Laning. *Monthly Hom. Review*, p. 754. "There is no one remedy that I have ever used which has so universally given good results as this one. Seldom or never has it failed to lessen the quantity both of sugar and urine. If it be not sufficient alone to cure, it will at least lessen the drainage upon the patient's system while the cause is being removed."

1891.—Gorham. *Ibid*, p. 119. Severe case of gastric ulcer. Pain and vomiting quickly relieved, and complete recovery occurring, under 2x potency.

1891.—Cartier. "Glycosuries Toxiques, et en particulier Intoxication par le nitrate de l'urane." Paris. Summarises and discusses foregoing experimentation, and adds further work done by self on one dog and ten rabbits. Glycosuria, albuminuria, phosphaturia, diminution of salts and urea, oxaluria, acetonuria—these are the phenomena noticed by himself or others in the urinary sphere. He discusses the rationale of the first; rejects the hypothesis that the action of the drug on the liver (though undoubted) will account for it; thinks that of sub-oxidation, impairing the combustion of sugar,

insufficient to do so; and concludes that the drug acts by increasing sugar-formation through the nervous centres.*

1894. McMichael. *North Amer. Journ. of Hom.*, Nov., p. 715. Account of proving of drug undertaken by New York Homœopathic Materia Medica Society. Provers were three men and two women. They began with 5 gr. doses of the 2x trit., and increased or diminished these according to circumstances. No albumen or sugar was found in the urine.

1895. S. West. *Brit. Med. Journ.*, Aug. 24. Contains detailed reports of three cases, and mention of more, which "point to the conclusion that we have in *uranium* a drug which has a powerful effect upon diabetes." Beginning with one or two grains for dose, Dr. West increased this till 10, 15, or 20 grains were taken three times daily, without causing gastric irritation or albuminuria.

The facts are now before us, and it remains that we draw our conclusions from them.

1st. Whatever value be finally assigned to uranium as a remedy for diabetes, homœopathy must be credited with its discovery. Its use in this disease was an obvious inference from the rule "similia similibus," as soon as its power of inducing glycosuria had been ascertained. Not only so, but, historically, such inference was drawn; and it had become a leading anti-diabetic in the school of Hahnemann for many years before Chittenden experimented with it as a poison, and West tested it as a medicine. Moreover, another marked effect of it—its power of setting up ulceration near the pylorus—has been utilised according to the same method, and with like favourable results.

2nd. The difficulty Dr. West has expressed with regard to the dosage seemingly required and actually followed in his cases is seen to disappear on a wider survey of the facts: Very much smaller, even infinitesimal quantities, have often sufficed to produce as good results. Uranium thus affords another illustration of that part of the definition of a homœopathic remedy which

* A summary of Cartier's, and also of Chittenden's experiments may be read in the *North Amer. Journ. of Hom.* for August, 1892, p. 570.

Dr. Imbert-Gourbeyre formulates in the phrase, *omni dosi*.

3rd. What shall be the exact place of uranium in the treatment of diabetes? to what forms or varieties of the disease it will prove specific? are as yet open questions. As far as we can see at present, it corresponds to the definite symptom, glycosuria, and thus to all the other symptoms due to the drain of sugar by the kidneys. But diabetes may be—perhaps we may already say is—a larger thing than mere glycosuria, just as Bright's disease is more than albuminuria; and forms of it may occur in which the general symptoms are more important as guides to the selection of a remedy than the changes in the urine. The unquestionable efficacy of *phosphoric acid* and *syzygium jambolanum* in its treatment point in this direction; for with the former there is very slight, with the latter there is no evidence of any power of inducing a glycosuric condition. We must wait and watch; and perhaps ere long we shall be able so to differentiate between our anti-diabetics as we have between our anti-pneumonics and our anti-choleraics, that our success with them may be yet further enhanced.

A SUCCESSFUL CASE OF ABDOMINAL NEPHRECTOMY, WITH REMARKS ON THE THERAPEUTICS OF THE CONVALESCENCE.

By George Burford, M.B.

Physician to the Gynæcological Department, London Homœopathic Hospital.

Abdominal nephrectomy is a comparatively new operation, devised to meet clinical necessities for which the capacities of the old lumbar method were not sufficiently ample. In the hands of an accomplished abdominal surgeon it is often the preferable procedure, as it allows the exact exploration of both kidneys, it can cope with pathological growths of any dimensions, and is free from many mechanical and anatomical difficulties which the loin operation necessarily imposes. The case to be narrated was an eminently fitting one, as the sequel shows, for the successful conduct of nephrectomy by abdominal section.

The patient was a married woman, æt. 35, tall, spare, and of a markedly sallow and anæmic aspect. Ten years previously she had experienced the first access of pain in the left loin, and five years afterwards her malady had been diagnosed at a large London hospital as "displaced kidney." The pain had gradually become persistent and was localised in the left flank; it was notably increased by movement, and was an effective bar to easy locomotion and the performance of her necessary household duties. She first consulted me early in the present year.

It was not difficult to diagnose the existence of a renal tumour, the physical signs being characteristic; and in the diagnosis my assistants concurred. After some weeks of therapeutic treatment she was sent to the Convalescent Home at Eastbourne to gain strength and vigour for the operation; and under the careful supervision of Drs. W. Roche and A. H. Croucher, she rapidly improved in general health. Returning to town early in July, she was put under a careful regime relative to operation, and the urine daily measured and tested. The average specific gravity was 10.22; there was never any indication of albumen, nor uratic deposit, nor alkaline reaction; and the average daily excretion was 30 ounces.

On July 11th I performed abdominal nephrectomy, assisted by Dr. Neatby, Mr. Johnstone and Mr. Dudley Wright; Dr. Cash Reed, of Plymouth, being present. The left kidney, expanded into a cyst of considerable dimensions, was exposed after abdominal section, by tearing through the outer layer of the meso-colon, and enucleated from its bed. On tapping it yielded about two pints of chocolate-coloured fluid, and the bulk thus lessened I turned my attention to the pedicle. To deal with this was a matter of extreme difficulty, for the vessels and duct were imbedded in so dense a mass of adhesions that isolation was impossible. Various portions of the pedicle were ligated, and a pair of long-pressure forceps applied to the remainder of the attaching tissues, and the cyst was removed with scissors. No trace of the ureter, as such, could be found during the operation.

The patient rallied well and was put upon a purely milk dietary, neither alcohol nor opiate being admin-

istered at any time. The remedies prescribed were mainly *belladonna* and *arsenicum* during the first fortnight.

Albumen appeared in the urine on the day following the operation, and continued in lessening quantity during the first week, at the end of which time it finally disappeared.

Now appeared the most striking feature in the history of the convalescence. Anterior to operation, the daily quantum of urine secreted averaged thirty ounces per diem, and during the first week the maximum diurnal excretion was thirty-five ounces. But from this time polyuria, steady and progressive, set in, daily measurement giving, on two occasions, readings of over a hundred ounces of urine secreted in four-and-twenty hours, and this as the product of a single kidney! During the period of this hyper-secretion the specific gravity of the urine averaged 10.14; no albumen was detected, and no sugar, and a copious precipitate of phosphates occurred on boiling.

The embarrassment of the patient from the discharge of this urinary flood was considerable. Every second hour, day and night, had the bladder to be emptied, now of more, and now less fluid, the major quantity being passed during the day, while the nocturnal secretion often reached the normal twenty-four hours' quantity of a healthy adult.

As the polyuria was initiated on a purely milk dietary, fish and meat were later interpolated in the diet chart with a view to lessen the flow of urinary water, but without avail. *Phosphoric acid*, in the 1st decimal dilution, was next prescribed for nearly a fortnight, but with no obvious result. Turning to the Materia Medica, I found in Allen, under "Natrum Muriaticum," a tolerably exact parallel to the patient's general condition and special symptoms. She was attenuated, she was sallow, her dirty-brownish pigmented skin being of a markedly "liverish" type; and the renal hyper-activity corresponded to certain prominent points in the pathogenesy. "Copious micturition . . . indeed every half hour; at night it wakes him from sleep." "Frequent micturition all day, and even at night." "The quantity of urine passed in 24 hours was somewhat less than a gallon." These and similar data are set forth by Allen with prominence; and on the indica-

tions thus obtained I gave *natrum muriaticum* in the 12th centesimal dilution. *Post*, certainly, and allowably *propter*, the urinary stress gradually subsided; the daily excretion receded to sixty and finally to fifty-five ounces per diem, at which latter figure the readings stood at the time the patient left the hospital.

She was sent to the Convalescent Home at Eastbourne, where, under the renewed supervision of the medical officers, her further convalescence was perfected. She returned to town in three weeks' time in better health than for years previously; she had no pain, the scar of the incision was firm and unyielding, the semi-cachectic hue of the skin had vanished, and every trace of pain and discomfort had disappeared.

This is the first abdominal nephrectomy carried out at the London Homœopathic Hospital, and the happy issue is due to the loyal co-operation of my colleagues who worked with me, and in no small degree to the nurses in charge of the case.

CLINICAL AND THERAPEUTIC NOTES OF RECENT CASES.*

Reported by Dr. McLachlan, Oxford.

Chronic Inflammation of the Prostate.—Pulsatilla.

C. E., aged 37, came to me more than a year ago complaining of "pain in the fork," just behind the root of the scrotum; he described it as a *weight* or a *pressure*. It was better lying down or by leaning well back, and was made worse by leaning forwards. He sat on the edge of the chair with his legs well apart, and feels very much afraid lest anyone should run against him and increase the pain. His sleep was broken and restless. In regard to his other symptoms, there was nothing worth noting except that *during the time he was relating his symptoms tears were silently trickling down his face;* he was otherwise mentally depressed. There was no reason to suspect venereal disease of any kind. The condition had lasted about ten months. My diagnosis was

* Notes of cases are invited for this department. They should be sent to Dr. Ord, Bournemouth.

"chronic inflammation of the prostate." I ought to have been in no doubt what medicine to give, but I am ashamed to say that I did not at first make a "bull's-eye." He was a worshipper of Beecham's pills (aloes, probably), and that fact, together with the possibility of "portal congestion," and a hazy recollection of the dense venous plexus just under the capsule of the prostate led me astray. During the first week of treatment he got a few doses of *nux vom.* 30. That producing no improvement, next week he got a dose of *sulph.* 200. His next report was that he had flatulence very badly, and had taken a few of "Beecham's pills;" this made the pain very bad again (which up to this time was *perhaps* a little easier). This time I gave him *nux vom.* again, and a scolding. At his next visit there was no improvement worth noticing. At this visit his peculiar *mental state* at last impressed itself on my dense sensorium, and I was annoyed with myself for my stupidity in thus wasting a whole month in useless medication. On March 30 he was put on *pulsatilla* 15, and on April 9 his report is "decidedly better." He then got *sac. lac.* On May 5 he reported that he was better till yesterday, when after a long bicycle ride he felt a slight return of the pain. He was again put on *puls.*, and since that time there has been no return of the symptoms.

[Consult *Pulsatilla* in *Materia Medica Pura*, symptoms 465, 487, 488, 489, 493, 494, 495, and various others up to 524, for a fairly good picture of diseases of the prostate gland.]

Infantile Colic.—Borax.

A baby, 10 weeks old, had for some days been troubled with *sudden* screaming fits. They seemed to come on every 10 or 15 minutes, night and day. The baby would lie quietly for a time and then suddenly begin to scream and kick. During these attacks the face was red. *It must be nursed and carried about constantly*, but even then it would have the screaming attacks just the same. A day or two before this it had "white mouth," and had got a few doses of borax and honey, which very soon caused the "whiteness" to disappear. It was very *easily startled by noises*, &c., and they said it seemed to *start as it was being laid into its crib.* This last admission, however, was not voluntary, but only made after I

had put "leading questions" about it, and therefore its value as a symptom was doubtful. I left *chamomilla* 30, but in case it should fail I sent two powders, No. 1, of *coloc.*, 30, and No. 2, *borax*, 30, with instructions that they were only to use the powders if what I left did no good, and should No. 1 relieve not to go on to No. 2. I called in a day or two, and was told that the medicine I left did no good, and that No. 1 powder (*coloc,*) was equally useless, but that after getting a dose or two of powder No. 2 (*i.e., borax*), it was not like the same baby. There had been no return of the colic. I suppose the colic was caused by the "white mouth going through" the child.

Progressive Muscular Atrophy.—Plumbum.

I have given this case the above name, though whether it was really a case of "progressive muscular atrophy" the readers must decide. The disease is said to be one of the most chronic and incurable of all spinal affections. I was asked to go and see a Mr. H—, aged 77 years. At times he was very sleepy and at other times just the reverse; his wife said he made too much water, though it was very clear. What caused her most alarm, however, was his peculiar mental state, together with his great muscular weakness and emaciation. Notwithstanding this, he was very restless, could scarcely sit still a minute, and even when sitting he could not be at rest, *e.g.*, he would constantly want them to change his boots, to take off one pair and put on another. In the mental sphere he did not look at all "himself." He would say "cutting" things to his wife and was *very* irritable; nothing was right; and he would not allow her to do anything else but wait on and attend to him. Once, too, his wife told me he struck her and attempted to bite her. At night he was specially restless, would get out of bed often and walk about, in spite of all his wife could do or say. In fact, he could not be left alone for a minute night or day, so great was the muscular weakness that he was apt to tumble down at any moment. His hands were cold and blue, and pricked on squeezing them. For about two months I did my best for this case, with but very little success, and what little improvement there was never lasted more than a day or two. One day I happened to notice that the

muscles of the ball of the right thumb were very much wasted—especially the abductor pollicis and the opponens pollicis (supplied by the *median nerve*). Besides being wasted this part felt *numb*. His wife said that condition had existed for years, and they did not think anything about it. I sent him one dose of *plumbum* 1,000 (the only potency I had) with *placebo*. In about a week there was a very decided and marked change for the better, both mentally and physically. In a few weeks he was able to take long walks (several miles) into the country by himself, and also to attend divine worship on Sundays; his house is about a mile and a half from the chapel. Further, he eats well and sleeps well, and is altogether better than he has been for many years. That was seven months ago, and the improvement still continues. His wife thinks the change little short of marvellous, and was at first doubtful whether it would last. This case shows the necessity of a minute and careful examination. In such examination we should (1) *hear* (2) *look* (3) *touch*.

ACTION OF BORAX AND BORACIC ACID ON THE SKIN.

By Dr. Dudgeon.

The skin symptoms observed in Mr. Dudley Wright's case from boracic acid are something like those observed by Dr. Molodenkow, of Moscow, from washing out the pleural cavity with a solution of boracic acid. This was followed by an erythematous eruption on the face, followed, in a day or two, by erythema over the body and thighs and vesicular eruption on the face and neck. The pathogenesis of borax in Hahnemann's *Chronic Diseases* shows a number of skin symptoms similar to those in Mr. Wright's patient. Thus, we find "Erysipelas of the face;" "Swelling, heat and redness of the cheek;" "Swelling of the face, with papular eruption on nose and lips;" "Burning heat and redness of fingers;" "Erysipelatous inflammation and swelling of left leg and foot, after dancing much, with tearing, tension and burning in it, the burning pain increased by touching;" "Burning, heat and redness of the toes." Dr. Hughes, in his *Pharmacodynamics*, seems to think these symptoms, for which Schreter is the authority, were

observed in patients, and therefore not very reliable, but the observations of Molodenkow and Mr. Wright with regard to the very similar effects of boracic acid, should give us more confidence in Schreter's record. The psoriasis observed by Dr. Gowers after a prolonged use of borax (*Cycl. of Drug Path.*, I., 586) shows that this substance has a marked action on the skin, and deserves our consideration in cutaneous maladies.

REVIEWS.

A Handbook on the Diseases of Children and their Homœopathic Treatment. Illustrated. A Textbook for Students, Colleges and Physicians. By Charles E. Fisher, M.D., President of the American Institute of Homœopathy; Editor of the *Medical Century*, &c., &c. Chicago: *Medical Century* Company, 1895.

This is one of the best books on Diseases of Children that has ever appeared, and we congratulate the author on his valuable production. It is exceedingly full and complete, and thoroughly "up-to-date." Each disease is described fully in all details, the etiology, symptoms, pathology and course of progress, prognosis and treatment being such as to give the reader a thorough knowledge of all that is known of the various subjects treated. A student or practitioner who possesses this book will require no other on the diseases of children as a book for study or reference in time of difficulty. To add to its value, and make it specially interesting to us, we have the homœopathic treatment gone very fully and carefully into. The author, we are glad to say, has not fallen into a common mistake of homœopathic authors, namely, to give long alphabetical lists of medicines, leaving it to the reader to consult his Materia Medica to see which is the most indicated. The leading medicines are named for each disease, and their indications for selection given very clearly and concisely, while others less frequently used, or less often called for, are added separately, with more or less full details of the symptoms which may lead to their selection, in preference to the more generally used ones. The list thus given is full, but not confusingly so, as is often the case in other works, and the student or practitioner will have no difficulty in diagnosing his remedy. The first three chapters on general examination of infants, infant feeding, and infant hygiene, are particularly practical and excellent, while all through the book the author loses no opportunity of

giving practical "tips" of value, over and above actual drug-treatment. His views on all subjects are broad, common-sense and clear. It would be difficult, or almost impossible, to quote passages characteristic of the scope and style of the work without making extracts too long for our pages. We must, therefore, refer the reader to the book itself. We notice, with approval, that Dr. Fisher maintains that membranous croup and diphtheria are separate diseases, and that while many cases of so-called membranous croup are really diphtheritic, yet a certain number cannot be set down as such. The distinctive differences are well and clearly stated. Also that there is a remittent fever of children which is not typhoid fever, as is now maintained by many writers. Also that pneumonia, while in many cases an acute infective fever, is not by any means always so. It is gratifying to find a writer who is not afraid to express views which are by some considered out of date. He goes fully into the modern bacillary theory of disease-causation, though very properly reserving judgment as to how far the bacilli are the cause or the effect of the diseased state, which is the real question at issue. Dr. Fisher gives full credit to the recorded successes of the anti-toxine treatment of diphtheria. In the department of therapeutics, we regret that the author does not state the dilutions he recommends. In some cases he does, but this is the exception; and in the present state of difference of opinion as to the comparative value of high and low dilutions, it is of the utmost importance to have the views and experience of an author who produces such a valuable book as the one before us. In those cases where the dilution is mentioned, it is oftenest a comparatively high one that is advised. We would suggest to Dr. Fisher that in the next edition it might be well to take note of this. If it would not be considered hypercritical, we would notice the absence of *kali chloricum* as a remedy in ulcerative stomatitis. This medicine is not only very homœopathic to the disease, but in our opinion is *the* remedy *facile princeps*. In the treatment of acute gastric catarrh *baptisia* is not named, and *mercurius* is mentioned at the end of the list of remedies which "may be useful in individual cases." In diarrhœa *jalapa* is omitted. In congestion of the liver, two very important medicines, *hepar* and *lycopodium*, are merely named with a few others that "may be studied to advantage in certain cases." But the very fact that we can pick out such omissions, or comparative omissions, shows how complete in our opinion, the therapeutical sections are. We notice one interesting point, on which we are open to learn, namely, the very frequent, almost constant recommendation, after

the manner of Schüssler, of *ferrum phosphoricum* in acute inflammations, as an analogue of *aconite*, or a substitute for it in certain states of fever. The use of this drug in this way is, we believe, almost unknown in British homœopathic practice, but with Dr. Fisher's strong testimony in its favour, we shall study it more carefully and test its value. We should have been glad to know in what dose he gives it—high or low—in fever and acute inflammation. The work is largely illustrated by excellent woodcuts and coloured plates. We strongly advise every practitioner and student to add Dr. Fisher's book to his library, and we predict a large sale for it.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The first meeting of the Session 1895-1896 was held at the London Homœopathic Hospital, Great Ormond Street, on Thursday, October 3rd.

Dr. Goldsbrough, the President, presided over a large meeting of members and visitors, among the latter being Professor Biggar, of Cleveland, Ohio; Dr. Gomes, of Rio and Messrs. Lestoch Reid and W. Nankivell. Four gentlemen were nominated for election as members at the next meeting of the Society. Dr. H. V. Münsta, of 89, Loughborough Road, S.W. and Mr. F. W. Watkins, of Stowe Park, Newport, Monmouthshire were elected members of the Society.

Dr. Goldsbrough delivered his Presidential address entitled, *Some Prolegomena to a Philosophy of Medicine.*

After welcoming the members of the Society to the work of the new session, and congratulating them on the happy occasion of meeting for the first time in the new hospital, Dr. Goldsbrough indicated his choice of subject depended on the interesting and peculiar circumstances of the meeting and on the proposal that the President's address should henceforth be given at the beginning of the session instead of at the end, also that it should partake of the character of a Hahnemann address. What position did homœopathy occupy in relation to the general body of the profession at the present day? Dr. Goldsbrough regarded it as ultra-rational or ultra-scientific, as compared with the body of scientific doctrine of the time, and therefore the profession would not impartially enquire into its truth. The relative position of the old and new schools was accordingly an ethical one in the truest sense of the word. It behoved the old school not to blindly shut their eyes against patent facts, but to test them; on the other

hand, the new school were in duty bound to set forth the facts of homœopathy in the light of ordinary scientific knowledge, and to spare no pains to discover, if possible, an explanation of those facts. Dr. Goldsbrough's address was an effort in this latter direction, but not primarily from the stand-point of homœopathy. He essayed a philosophical analysis of the entire field of medical knowledge as distinguished from other knowledge, and pointed out that ultimately this knowledge depended on a conception of life. If the conception of life were philosophically adequate, all departments of medical knowledge would fall naturally into their place, and there would be no difficulty about explanations in any one of them.

But current conceptions or theories of life were not adequate. The best of them, and most widely accepted, the protoplasmic theory, as formulated by the late Dr. Drysdale, in his work on the subject, lacked most important elements, viz., it gave no account of the uniform movement of protoplasm, or of the cause or purpose of organisation by material formed out of itself.

Dr. Goldsbrough then proceeded to point out that the movement of protoplasm is characterised by uniformity, which is common to all protoplasm, and accordingly when perceived forces itself upon the mind as an ultimate *law of life*. Broadly stated, this uniformity may be described as a dependence on gravity, and an action against it in the direction and mode of increase by exercise. Protoplasm exists in absolute dependence upon its environment, but granting this, it takes advantage of matter and force exhibited in the phenomena of physics and chemistry for the purpose of its own matter and force, which purpose is exhibited through the mode of its own movement and in no other way. Illustrations were then given of the mode of movement of protoplasm under the heads of *physiology of the cell, general physiology, embryology and psychology*.

The latter part of the address was devoted to references from what was described as the bio-dynamic law, the most interesting being the explanation it offers of the rationale of the rule of similars. The most direct of the inferences may be described thus: "Life takes advantage of shades of difference for the increase of itself." Differences in what? In the varied stimuli it receives from the environment; for example, the stimulus of a drug administered in a relatively small dose to a person afflicted with a disease, the symptoms of which are similar to those which the drug given in a relatively large dose can cause in health, as different from the stimulus known as the cause of the disease.

Because of the inevitable operation of the law of life there is a continued reaction against the causes of the disease, and so there would be a reaction against the slight stimulus of a drug given under the above conditions. But of what nature? will the original disease be increased? Not at all; the organism takes advantage of the *difference in the stimulus*, and offers a renewed reaction which, in accordance with its inevitable law, is in the direction of health or the increase of itself. The one guarantee that this reaction shall be in the right direction is the authority of the similar relationship of the drug pathogenesy to the clinical history of the disease. In the light of this explanation of the rule of similars, Dr. Goldsbrough showed that all the principles and inductions from a recognition of the value of that rule fell into their natural place as inferences from the bio-dynamic law. This explanation is a guide also to the scope and limits of the application of the rule of similars, and of the relationship which homœopathy bears to immunity and various modern preventive measures including vaccination.

The address closed with some practical conclusions as to the future work of the Society.

Dr. Blackley, Senr., and Dr. Dyce Brown having moved and seconded a vote of thanks to the President for his address, the meeting adjourned.

BRITISH HOMŒOPATHIC CONGRESS.

In our last number we gave a brief *résumé* of the proceedings of the meeting held at Leeds, together with the names of those who were present; we regret to find that we omitted to mention some who were present; among these were Dr. Johnstone, of Richmond, Dr. Gibbs Blake, of Birmingham, and Dr. Proctor, of Birkenhead. We have not succeeded in hearing of any others, though we fear that there may have been some whose names have not reached us.

The proceedings commenced at ten o'clock, and after the minutes of the last Congress had been read by Dr. Dyce Brown, and confirmed,

The President delivered an address on "Recent Pathological Investigations and Theories, with special reference to certain points, which seem to bear on the doctrine '*similia similibus*,' and on Hahnemann's Speculations as to its *modus operandi*." This address appears at page 542 of our last number. At its conclusion,

Dr. R. Hughes said it was with peculiar pleasure that he rose to ask the Congress to pass a vote of thanks for his

address to the President, whom he said he had known from his boyhood—since 1860,—when he obtained one of the richest treasures of his life, the friendship of Dr. Madden's beloved and honoured father, whose memory they all held dear. (Hear, hear.) Since that time he had watched the career of their President with great interest, and had noted with gratification his advance in the footsteps of his father, and he was delighted to find from his address that day how his tastes and acquirements were of the same high order, and that he took so much interest in the relations of pathology with the homœopathic law. Dr. Madden Senior's address, which he (the speaker) had the pleasure of reading in 1871, was of the same character as his son's, which had given him so much pleasure, and he was sure when they had the opportunity of reading the President's address it would prove a valuable addition to their knowledge on the subject. Congratulating themselves that the mantle of the father had in so large a measure fallen upon the son, congratulating themselves that they had such a valuable accession to their leaders, he asked them to pass a very hearty vote of thanks to him for the address he had given. (Hear, hear).

Dr. Blackley had very great pleasure in seconding the resolution. Having, like Dr. Hughes, had the pleasure of the father's acquaintance, he saw with delight that the mantle of the father had to a great extent fallen on the son, and if his health and strength were spared he was sure their President would prove a very valuable help to the spread of homœopathy. He had very great pleasure in seconding the vote of thanks. (Hear, hear).

The President in reply, said he thanked them most sincerely for the kind way in which they had received his address.

A brief interval was now allowed for the receipt of subscriptions by the Hon. Treasurer. At the conclusion of this Congress adjourned to another room, where

Dr. George Burford, physician to the Gynæcological Department, London Homœopathic Hospital, read a paper on "A New Therapeutic Treatment of Sub-involution of the Uterus with Salts of Potassium and Gold," this being illustrated by means of diagrams and lantern demonstrations of microscopic slides. The paper will appear in our next issue, and the discussion which followed will be appended to it.

At the conclusion of the discussion on Dr. Burford's paper, the members adjourned to the luncheon room, where a sumptuous repast was awaiting them. At its termination a hearty vote of thanks to Dr. S. H. Ramsbotham and Dr.

Stacey for their generous hospitality was proposed by the PRESIDENT, and carried with acclamation.

On re-assembling for the afternoon session, consideration was given to the meeting place for the Congress of 1897, London having already been decided upon as that for 1896—the International Congress.

Dr. HUGHES, as no other place was suggested, proposed that Cheltenham be selected.

Dr. WOLSTON seconded this.

Dr. NORMAN as the nearest representative to Bristol, begged to propose Bristol. The Congress had not met in the West of England for, he thought, 20 years, and it was time the West had a chance. Bristol was a good centre, and they could get there either by the Great Western or the Midland. He could undertake that there would be a good number of men from the West, and the South and London men could get there very easily. Bristol had not had a visit from them for a long time. Dr. Williams and Dr. Nicholson, both active, energetic men, would, he was sure, be happy to render any assistance, and for himself he would be happy to have a visit from any members of the Congress, to whom he could show a system of baths which could not be beaten.

Dr. J. D. HAYWARD thought the Congress could not do better than take advantage of Dr. Norman's cordial invitation. (Hear, hear,)

Dr. HUGHES said he suggested Cheltenham with the idea of getting the Congress held in the West. He was willing, however, to withdraw in favour of Bristol.

Dr. WOLSTON, his seconder, assented.

Dr. CLIFTON proposed that Tunbridge Wells should be the place of meeting. There were two admirable colleagues there, and they had been put off from time to time.

Dr. NANKIVELL seconded Tunbridge Wells.

After some remarks by Dr. J. W. HAYWARD, Dr. DYCE BROWN, and Dr. CAPPER,

Dr. HUGHES said that as next year's meeting was to be held in London—in the South—they should not go to the South again the following year, but that it would be better to go to Bristol.

Dr. CLIFTON, with the assent of Dr. NANKIVELL withdrew his nomination of Tunbridge Wells, and Bristol was then unanimously resolved upon as the meeting place for 1897.

Officers being ballotted for, Dr. PROCTOR, of Birkenhead, was chosen President; Dr. E. WILLIAMS, Vice-President; Dr. DYCE BROWN, General Secretary; Dr. NICHOLSON, Local Secretary; and Dr. E. M. MADDEN agreed to resume his old

office of Treasurer, which Dr. J. W. Hayward had filled during his presidency.

The PRESIDENT said that next year they had the more important Congress still—the International Congress, in celebration of the centenary of homœopathy—and he would ask Dr. Hughes, the Secretary of the International Congress Committee, to present his report.

Dr. HUGHES said that at their last Congress certain recommendations were made by the Committee and accepted. They were, that the Congress should assemble in London; that its meetings should take the place of the annual British Congress; that all the officers should be elected at their present meeting; that the expenses be defrayed by the practitioners of Great Britain—the approximate amount expected from each to be notified as the time drew near; that the costs of printing the Transactions be subscribed by those desirous of possessing them; that the approved essays should be printed beforehand and distributed; and that for the purposes of discussion, essays should be presented from the chair in groups. These were the main regulations adopted last year. Since that time the Committee had held more than one meeting, had gone into the details of the gathering, and had decided to ask their consent to the following recommendations:—

That the meetings be held in London at some suitable place during the second week in July—Monday, 13th, to Saturday, 18th, inclusive. That on the Monday evening the President and officers shall hold a reception at the hall of meeting or other suitable place, to which all members of the Congress, with their ladies, shall be invited. That the general meetings of the Congress shall be held on Tuesday, Wednesday, Thursday and Friday afternoons, from 2.30 p.m. to 5.30 p.m.; sectional meetings to be held on the following forenoons, by those specially interested in the subject of the day, or for any other purpose it may be desirable to assemble together. On the Tuesday the President's address shall be delivered, and followed by a discussion on "The Present State and Future Prospects of Homœopathy, with the best Means of Furthering its Cause, as suggested by the Reports from Different Countries;" Wednesday, "Institutes of Homœopathy and Materia Medica;" Thursday, "Practical Medicine, with Diseases of the Eye, Ear and Throat;" Friday, "Surgical and Gynæcological Therapeutics;" Saturday, at 2, the concluding meeting for any supplementary business. Dr. HUGHES pointed out that the expenses of last International Congress, 15 years ago, amounted to about £90, and it was then decided to invite British homœopathists to subscribe

about a guinea apiece. If a majority of them would subscribe their guinea now, he thought that would cover all the expenses, so that he only had to ask them in the name of the Committee to accept their recommendations, or propose any modification of them, and that some one would move that application be made to the homœopathic practitioners of Great Britain, asking them to subscribe one guinea each towards the expenses of the gathering. (Hear, hear.)

The PRESIDENT said that, speaking personally, he thought the matter was in such good hands that they could not do better than approve of the recommendations, and thank the Committee for the way in which they had done their work. As no one else had risen, he begged to move that the suggestions and proposals of the Committee be accepted.

Dr. GALLEY BLACKLEY seconded, and the resolution was carried.

Dr. DOUGLAS MOIR moved that the circular asking for subscriptions should be issued.

Dr. HUGHES, in answer to questions, said it was not intended to ask for contributions as Congress subscriptions. All foreigners would be their guests, and invitations would be issued to their colleagues abroad. The American practitioners paid all the expenses of their Congresses. He did not think that because the subscription was optional any British homœopathists would attend without subscribing. (Hear, hear.)

Mr. KNOX SHAW suggested the issue of a circular asking for the formation of a guarantee fund.

Dr. HUGHES said that last time it was decided that they should ask for a guarantee fund if they found the guinea was not sufficient. But they found the guinea subscription sufficient.

Dr. J. W. HAYWARD approved of Mr. Knox Shaw's suggestion as to a guarantee fund. As for the published Transactions, since he went to America he had been presented with a copy of the Transactions of the American Institution.

Dr. HUGHES: You are a corresponding member.

Dr. HAYWARD: I think we might generously give them a copy of our Transactions. However, Dr. Hughes is the head of the movement, and I am quite willing to leave it in his hands.

Dr. GOLDSBROUGH formally seconded Dr. Moir's proposal that Dr. Hughes should issue a circular asking for subscriptions.

This was carried, and it was understood that, in the event of the response being unsatisfactory, steps should be taken to form a guarantee fund.

The PRESIDENT: Now the next business is the election of the officers of the Congress. We want a president, vice-president, treasurer, and one or two local secretaries.

Dr. CLIFTON remarked that with regard to the post of President there was one whose name would no doubt rise to all their minds—their very dear friend Dr. Dudgeon (hear, hear), but in his present state of health the best thing they could do would be to make him Honorary President, afterwards proceeding to ballot for President and the other officers.

Dr. GALLEY BLACKLEY said he saw Dr. Dudgeon a few days ago, and found him much shattered with his attack of influenza. Although he knew there would be but one voice amongst them were Dr. Dudgeon able and willing to serve as President he felt it would not be a kindness to ask him to come forward on this occasion. At the same time, they would all think of him as their possible President, for they all did more than admire Dr. Dudgeon—they loved him. (Hear, hear.) He had very great pleasure in seconding the proposal that Dr. Dudgeon should be elected Honorary President. (Hear, hear.)

The PRESIDENT said he thought the feeling of the Congress had been admirably and sufficiently expressed, and put the question to the meeting, it being unanimously adopted.

A ballot having been taken for the election of a President, Dr. MADDEN said he had great pleasure in announcing that the choice of the Congress had fallen on Dr. Alfred C. Pope. (Applause).

Dr. POPE said he begged to thank them most heartily and sincerely for the very great honour they had conferred upon him, and he hoped he might be able to fulfil the responsibility of the office to their satisfaction. He was fully persuaded of the very great degree of responsibility which did attach to anyone who occupied the chair on such an occasion as that to which they had elected him He could only say he would do the very best he could to promote both the interests of the meeting and to sustain those of homœopathy in this country. Once again he thanked them very much for the honour they had paid him. (Applause).

Dr. DYCE BROWN was chosen Vice-President, and in returning thanks he said he could not express to them his sense of the distinguished honour they had conferred upon him. He thanked them most heartily, and said that he should try to do his utmost for the promotion of the best interests of the Congress. (Applause.)

On the proposal for the appointment of two Secretaries and a Treasurer, the President said that Dr. Hughes and his

Committee were prepared to submit three names to the Congress for approval.

Dr. HUGHES said he would propose that Dr. Galley Blackley act as Treasurer. In seeking for local Secretaries they had thought it desirable, as on the last occasion, to select one from Liverpool—so that there might be someone to welcome the American guests—and one from London. Dr. Hawkes was the Liverpool gentleman the Committee proposed, and as the London Secretary Mr. Dudley Wright. (Hear, hear.)

Dr. J. W. HAYWARD thought they could not do better than accept the trio mentioned, and the Congress agreed, the gentlemen elected acknowledging the honours conferred on them.

Dr. DYCE BROWN mentioned that Dr. Ord, who was to have read a paper on "Hindrances to the Action of the Homœopathic Specific," had found himself at the last moment unable to attend. He had forwarded his paper, and it would be for the Congress to decide whether it should be taken as read and included in the Congress proceedings.

At a subsequent stage of the meeting it was resolved to accept the paper as read. This we hope to publish in an early number of the *Review*.

Dr. C. HAYWARD'S paper was then read. The first portion of this paper will be found on page 604 of this issue, and the conclusion, with the discussion, will appear in the next number of the *Review*. With this the *agenda* paper was exhausted, when

Dr. WOLSTON moved a vote of thanks to the President, which was seconded by Dr. MOIR, and carried with acclamation, the Congress concluding shortly afterwards.

During the day Messrs. Parke, Davis & Co., London showed a number of homœopathic specialities, under the charge of Mr. T. Grimshaw.

THE DINNER.

In the evening the members of Congress enjoyed an excellently served dinner at the Great Northern Hotel. Besides those present at the meetings during the day they were joined by several guests, among whom were the Rev. T. S. Fleming and Mr. Harrison of Leeds, Mr. W. L. Williams of Wakefield, Mrs. Madden (Bromley), Mrs. Ramsbotham, Miss Ramsbotham, Mrs. Stacey and Miss Stacey (Leeds), Mrs. and Miss Pope (Grantham), Miss Wrenford (Srempingham near Grantham), Mrs. Norman (Bath), and Mrs. Greig (Wakefield).

Rising after dinner, Dr. MADDEN asked the company to drink with him to the health of "The Queen and the Royal Family." There was no toast which one could feel would receive a more hearty or spontaneous response than this, for not only were the Royal Family representative of the form of Government under which they had grown up, but of that under which old England had attained, as they firmly believed, the position of the finest country in the world. (Hear, hear.) Personally, they felt they could offer no homage to Her Majesty which was beyond her due. (Hear, hear.) It was a remarkable fact, but one which had been noted time after time, that when anyone had been received at Windsor or Buckingham Palace,—whether it was a foreign potentate like the Shahzada, or a gallant English soldier going to receive his medal or some decoration,—that when they were asked what most impressed them, they replied the sweet and gracious and yet dignified character of the Queen herself. (Hear, hear.) On the grounds therefore of loyalty, patriotism and personal esteem he asked them to drink to the health of "The Queen and the Royal Family." (Applause.)

"God Save the Queen" having been sung,

The PRESIDENT said time was fleeting, and as some of their friends had to leave by comparatively early trains, he had been requested to get on. He had now to ask them to drink with him to the immortal memory of Hahnemann. On what grounds might a man claim, or rather his friends claim for him, that his name should be enshrined in their memory with the immortals? Surely for none more deservedly than those on which they claimed the honour for the founder and teacher of homœopathy, *i.e.*, that he had been a benefactor to his species, and not only to those living in his own time, but to those who succeeded him in all time, if they would honestly follow his precepts. (Hear, hear.) Who it was that first suggested that when the body was sick the right and proper thing to do was to put some poison into it was shrouded in the mists of antiquity, although in its crudest statement this idea seemed to be a kind of pseudo-homœopathy. But it was early found out that it was not easy to avoid adding a new sickness to the burdens borne by the body already sick. Hence from the time of Hippocrates, if not earlier, the ideal treatment had been to cure the patient "safely," "quickly" and "pleasantly." This ideal was never nearly approached before the days of Hahnemann, and it was not approached now by those who rejected his doctrines. (Hear, hear.) Let them look at the ideals to be aimed at in a cure—safely, quickly, pleasantly. "Safely." There was an old story—so old that it might be possibly true—possibly also some of them

might not have heard it. It was of a Scotchman who was in Rome, during a festival, when the priests made their procession and sprinkled the people with holy water. The Scotchman, who had managed to get possession of an old monk's dress, in which he was pretty well hidden, supplied himself with a little sprig of hyssop and a basin of water, which was not however duly sanctified. As he joined the procession of the priests he also scattered the water with the remark, "If it dis ye nae guid, it'll dee ye nae ill." (Laughter). And what he said was sufficiently unknown amongst the people to be regarded as holy writ. Believe me, next to having taught us how to get the most good out of the use of drugs, our best thanks are due to Hahnemann for teaching us how to use them so that in no case can they do any harm. Next, "quickly." The statistics of homœopathic hospitals here and in America proved that not only did homœopathy cure its patients, but it cured them in larger number, and that the average time required to cure the disease was shorter. Nor could this be otherwise, since when the disease was over the patient was not left "sick of the doctor," nor was time required for the system to recover from the effects of the drugs. Lastly, "pleasantly." Those who had not the good fortune to be brought up as homœopathists could perhaps remember the taking of nasty physic in their childhood. Could they not remember the scene; the exhortation "Take it; it is quite nice; it is not nasty." And then the little child opened its mouth and when the spoon entered it, cried, and spluttered, and missed half the dose, crying "You nasty thing, I will never, never believe you any more." When it thought of the falsehood on the part of the parent or nurse a lack of trust must spring up with the child. No one could pretend that they (the homœopathists) had not infinitely more realised the ideals of safely, quickly and pleasantly, than the followers of any other system yet devised. (Hear, hear.) Yet they were told by one of the highest authorities of the allopathic school that "Homœopathy, like a belated ghost, haunts the dawn of scientific medicine." He must confess that neither they nor he were particularly ghost-like yet. (Hear, hear.) But why "belated"? If there was one fault they could find with Hahnemann, it was not that he came too late but too soon; that he was one hundred years before his time. (Hear, hear.) Let them mark the expression "haunts the dawn of scientific medicine." What a confession that was! For how many years had scientific medicine been at its dawn? It was always at the threshold of assuming a scientific form. They (the allopathists) never got further. It was to be hoped it

was true this time that they were upon the dawn, for if that were so, it needs must follow, as the night the day, that they must see the truth of Hahnemann's creed, "*similia similibus*," and then the whole profession would join, as he asked those present to do, in drinking to the memory of the immortal Hahnemann. (Hear, hear.)

The toast was drunk in solemn silence.

Dr. Pope said the toast which had been entrusted to his care was one which he had very great pleasure in proposing, "Prosperity to Leeds," coupling with it the health of their Vice-President, Dr. Ramsbotham. (Hear, hear.) Leeds, as they were aware, was not only a city of great commercial and industrial importance to the Empire, with a reputation extending all over the entire world, but it had achieved distinction in other walks of life, which were generally considered to be more or less higher than those which are commercial. For example, the Church had been supplied with bishops to the extent of four or five, who had received their training for their important duties as vicars of Leeds. (Hear, hear.) Then to pass on to medicine, in which they were particularly interested, he might state that the Leeds School of Medicine was, he believed, the first provincial school of medicine established in this country. It was indebted for its foundation to one of a noted generation of surgeons—William Hey—and that school had now advanced to such a pitch of importance that it had been constituted a college of the Victoria University. It was no longer a mere lecturing school, but a part of the University, officered by duly appointed professors. That school had accomplished work which had been for the advantage of the profession of medicine generally. Several of the surgeons connected with it had left their mark upon the progress of surgery in their day, and in the development of the science and art of surgery the Heys and the Teales were names that would never be forgotten. British surgery had been advanced and cultivated by them, and the position they had attained was well sustained at the present day by Mr. Pridgin Teale, Mr. Robson, and Mr. Jessop. (Hear, hear.) With regard to physicians, he was not aware that the School of Medicine had in the past produced any of great distinction beyond the county of York. But one name occurred to him as that of a man who of late years had been regarded with great justice and reason as one of the best clinical teachers of the day—he alluded to Dr. Clifford Allbutt—(hear, hear)—a man whose lectures and papers he had always read with the greatest interest and advantage too. He remembered one in particular on "Dyspepsia," in which he analysed all the cases he had seen for a good many years,

and his analysis and tracing of each case to its pathological origin was so interesting and so useful that he (the speaker) could not help thinking that the man who could write such a paper, and who showed such an intimate acquaintance with clinical pathology as Dr. Allbutt then did, if he had but known as much of the pathogenesy of drugs, and how to apply that knowledge to the treatment of diseases, he would have been an ideal physician. (Hear, hear.) In Leeds was an infirmary built entirely upon model lines, and which was at its commencement a most important innovation in the building of hospitals. Whether improvements had been made since he did not know, but he believed the institution when it first started was a model for future buildings. Then with regard to the department of medicine in which they were especially interested, homœopathy in Yorkshire many years ago had its centre in Leeds, and had yet for the matter of that. (Hear, hear.) He believed that homœopathy was introduced into the practice of medicine in Leeds in 1846 or 1847 by Dr. Irvine. He remembered Dr. Irvine well; a most kind-hearted, genial fellow, one of those gentle natures which would have been more fitly occupied in the work of a country clergyman than in the rough and tumble of a medical life, especially when that medical career was cast upon the side of a persecuted and despised minority. He held his ground well in Leeds, until in 1857 he went to New Zealand, and there his force of character was even more marked than it had been in Leeds. He (the speaker) remembered seeing a letter of his in a New Zealand newspaper, written in reply to a venomous personal attack upon him, and upon all physicians practising homœopathically, and the force, and at the same time the courtesy, with which he answered this anonymous slanderer, and the amount of information his letter displayed proved him to be a man of very rare mettle indeed. He passed away several years ago. On his leaving for the colony, his place in Leeds was occupied by the father of their friend and Vice-President, Dr. Henry Ramsbotham. Dr. Ramsbotham, as he remembered him, was perhaps the most energetic man he (Dr. Pope) ever knew, and the whole of that energy he threw into the dissemination and development of homœopathy in Yorkshire. How well he succeeded might be estimated from two facts. By those who were anxious to see the spread of homœopathy throughout the country, he was known as the apostle of it in the North of England; and by those who affected to despise it, he was known in medical circles as the man who was doing all the mischief. (Hear, hear.) That he succeeded, and succeeded well, in making many centres for the practice of homœopathy in Yorkshire, was known to all

who were at all acquainted with the county 30 or 40 years ago. Then there was the dispensary in Leeds. That was formed about the time that Dr. Irvine first came to Leeds, in association with Dr. Craig, now of Bedford, who practised here with much success for 15 years, and was carried on for some 14 or 15 years. A couple of years ago the phœnix rose from its ashes, and it was now, he rejoiced to know, in a very flourishing condition. (Hear, hear.) It was under the management of their friends Dr. Ramsbotham and Dr. Stacey, and an influential committee. It was doing a good work, and they trusted that, like every other department of benevolent and religious work, it would meet with a due share of the city's prosperity. (Hear, hear.)

Dr. RAMSBOTHAM, received with loud cheers, said he obeyed the call to reply with some diffidence—diffidence increased by the all too flattering terms in which Dr. Pope had proposed the toast, and also because he felt deeply touched by the references he had made to his (the speaker's) father and his work. That the father's example should stimulate him to do the best he could for homœopathy he was sure they would all believe. (Cheers). How far he fell short of the example was known only to himself, or he should say best known to himself. Of course the prosperity of Leeds medically, ecclesiastically and otherwise was bound up with the material prosperity of the place, and for the last few years they had experienced, as all manufacturing towns had done, more or less, of the ups and downs of that prosperity, and chiefly the downs. There were signs of the prosperity beginning to return amongst them. (Hear, hear). He dared say some of them had observed one of the chief signs of the prosperity, namely, the smokiness which overhung the town. (Laughter). They must plead guilty, notwithstanding the excellence of their medical school, the beauty of their churches, the ability of their vicars and professors who presided over the medical school—which was now the most perfectly fitted medical school in the country, whether provincial or metropolitan. That smoke was intimately associated with the prosperity of Leeds. He knew of a worthy magnate in the city, a banker who built his house out in the suburbs. After the lapse of a few years the banker noticed that in gathering fruit from his trees, his fingers became more soiled year by year. He grumbled, and his gardener reproved him. "Ye mustn't groomble at t'muck. If t'warn't for t'muck there wad be noa Bank." (Laughter). Without their smoke there would not be so much prosperity in Leeds. He thanked them heartily for their response to the toast. (Hear, hear).

Mr. Dudley Wright said he felt it an honour and a pleasure to propose "The Ladies and Guests of the Evening," coupling with the toast the name of their guest from Wakefield, Mr. Williams. After a somewhat arduous day, it was with great satisfaction they looked forward to the evening and meeting the ladies. He thought it only right and proper they should be their guests, and he trusted the toast they were about to drink would be a token of warm-felt welcome to them. (Hear, hear.) He did not know whether their lady friends recognised the great help and assistance they were to them, but he could assure them that directly and indirectly they were of the greatest possible assistance. The existence of the hospitals and dispensaries in the kingdom was in a large measure due to the ladies, and but for them he did not think the large majority of the homœopathic dispensaries in the country could exist. (Hear, hear.) It was by their co-operation that they were enabled to raise the funds for these institutions, and he thought, therefore, they played a very material part in bringing into practical use the principles they held to be true. He was sorry they could hardly sing with propriety "For they are jolly good fellows," but at the same time he had very great pleasure in asking those present to drink the toast, "The Ladies and the other Guests of the Evening." (Hear, hear.)

Mr. Williams, in response, said that he was a little bit surprised, and disappointed in one sense, at having to reply to the toast, because at the last banquet at which he was present it was acknowledged by the ladies themselves. (Hear, hear, and laughter.) In these enlightened days, when the Congress had the good sense to ask the ladies to be present, he would have hoped that they would have responded themselves. However, as their deputy he would thank them most heartily for the toast. In private life he had had to acknowledge his indebtedness to homœopathy, and he hoped in time to come it would spread. It was with very great satisfaction he read the correspondence in the *Times* a few weeks ago, and found that homœopathy was able to produce a gentleman like Dr. Dyce Brown,—(hear, hear)—who was so fully capable of answering for homœopathy, and who in doing so was able to make a very good defence. (Applause.) He was not sure that the result had not been that homœopathy had gained. Sir William Broadbent was undoubtedly an estimable gentleman. He should like, on behalf of the West Riding, to acknowledge the very handsome manner in which mention had been made of Dr. Clifford Allbutt, for it was his privilege to be associated with him at close quarters. He was bound to say that the secret of that man's success was his very great care in small

things. He certainly took care never to make an enemy, and he took care to get to the bottom of things before he gave his judgment. It certainly spoke well for the man who stood so well in the other branch of the profession that they should receive his name with that grace and goodwill which was a sign of increasing education. (Hear, hear.)

Dr. NANKIVELL then proposed the health of the President, a toast which was received with the greatest heartiness. In doing so he said that he rose to propose the health of Dr. Madden, the able and beloved President of their Congress. He was quite sure that all those who had listened to the remarkable address which their President had that morning delivered would carry away with them pleasant and lasting memories of the earnest thoughts it contained; and he trusted that the address would be printed and circulated widely, not only amongst their own special colleagues but also amongst those medical men who held different views concerning the therapeutic law and the practice of medicine to their own; for from its catholicity of tone it was bound to meet with wide approval. They had been led that day to some consideration of the doctrine of heredity, and it was pleasant to think that the recognition granted to that doctrine by one of the greatest English poets when he addressed his sonnet to "Lawrence, of virtuous father, virtuous son," was illustrated so well in their meeting to-day. Their President, and their Vice-President, Dr. Ramsbotham, and the reader of one of their papers—a younger Hayward—were all illustrations of a second generation of the practical homœopathists, and of able medical men. He would be forgiven, therefore, if in thus proposing the health of the son, he expressed also his admiration of the commanding talents of his late father—a man who, as a consultant, had always deeply impressed him with his wide and varied gifts, and who knew how to conduct himself to the youngest practitioner who needed his aid, as a brother rather than as a teacher or a superior. He had, therefore, the greatest pleasure in proposing the health of the President, and would wish him a long life and continued professional success.

Dr. MADDEN in responding said he wished he could find words to express his thanks as he would wish for the very kind way in which Dr. Nankivell had proposed the toast, and for the manner in which it had been received. They could not have chosen a way which would give him greater gratification than by mentioning his father and comparing him with him in the kindly fashion they had done. He had no

ambition so great as to be worthy of his father and his reputation, and it was gratifying if he had been able to achieve that in some measure. He only hoped that the years to come might enable him to still further follow in his father's footsteps. (Hear, hear.)

THE LIVERPOOL BRANCH OF THE BRITISH HOMŒOPATHIC SOCIETY.

The 38th session of this branch of the Society opened on the 12th ult., when the President, Dr. Hayward (Senior), delivered an address, in which he laid stress on the necessity that every medical student should, during his "classes," be taught the homœopathic as well as the allopathic uses of medicines; maintaining that no man who has not learned the homœopathic uses of medicines is qualified for practice or is fit to take medical charge of the health and life of her Majesty's subjects. He also, as a result of over forty years' homœopathic practice, laid stress on the necessity that the drugs used shall be absolutely genuine and pure, and the preparations from them be faithfully made up to standard, expressing a fear lest the competition amongst homœopathic pharmacists and their attempts to undersell each other through ordinary chemists and co-operative stores should lead to careless or unfaithful preparations being supplied to practitioners as well as to the public, to the great damage to the health of the public and to the reputation of homœopathy. He paid an enthusiastic tribute to the early homœopathic practitioners, asserting that it was their practice with infinitesimal doses proving curative in the most serious diseases, such as cholera, dysentery, pneumonia, bronchitis, and the infectious fevers that laid the foundations of homœopathy in this country and America, as well as on the Continent; and he urged that no medical man was justified in saying that everything that can be done medicinally had been done to alleviate suffering and prolong life until the homœopathic use of medicines had been tried.

NOTABILIA

THE MELBOURNE HOMŒOPATHIC HOSPITAL.

By Jennings Carmichael.

It is just ten years since the first wing of the Melbourne Homœopathic Hospital was finished, the foundation stone having been laid three years before that by the Marquis of

Normanby, then Governor of Victoria. The new wing, which is the gift of "An Unknown Donor," was completed in 1890, the finished building now being one of the most imposing structures on the St. Kilda road. A great many people regard the Homœopathic Hospital as the institution of a few harmless theorists, never realising that within its walls the same momentous warfare with disease and death is carried on as in other hospitals. There was an increase by more than a thousand last year in the number of patients treated. This, in connection with the fact that the large building is always well filled, proves that the institution supplies a permanent want.

Similia similibus curantur, the homœopathic motto, greets the visitor on entering the hall. The line is inscribed on a fine arch, supported on Corinthian columns just within the door.

To the left a marble slab on the wall testifies in letters of gold to the number of donors who have contributed handsomely to the hospital funds. Among the names I noticed Mr. Robert Reid, M.L.C., who gave £1,000, and the trustees of the estate of Mr. T. J. Sumner, who likewise contributed £1,000. Mr. J. Hunt, J.P., chairman of the board of management, an enthusiastic homœopathist and one of the main supporters of the institution, subscribed £250; also the hon. treasurer, Mr. O. G. Crespin, J.P., £100. Many others also gave this amount, the list being a fairly long one. The main staircase, leading up from the hall, is enriched with a beautiful stained-glass window, bearing the appropriate figure of Æsculapius. This window was erected by Dr. W. R. Ray in memory of his father, who was one of the first physicians of the institution. The first ward we enter is the "male medical," a beautiful room, containing 21 beds, 1,433 cubic inches of space being allowed for each patient. The kauri pine flooring, fastened with secret nails, is beautifully smooth, and covered with strips of linoleum matching the colour of the boards. The centre of the ward is ornamented with clusters of pampas-grass and tables full of flowers and foliage. The pictures on the walls and the paintings on the ventilators—some of which were done by a member of the nursing staff—give a brightness to the place, which is completed by the glowing fire burning at the end of the ward. From the windows facing the front there is a pleasant view of the grounds and the domain beyond. The space for a garden is limited, but what room there is has been well laid out in lawns and shrubbery. The female medical ward is a duplicate of the ward for males, and is situated on the same side of the building. Attached to every ward is a pantry and a private room for the nurses. The pantry is pro-

vided with a gas-stove, which must be a great comfort to the nursing staff and save endless running up and down stairs. The surgical ward for females has a novel look, through the fact that half the space is taken up in private wards, there being four off the main room. The prices for the occupation of these private wards have lately been reduced from three and four guineas weekly to two and three. In a corner of the general ward is the "Endowment Cot," which costs £35 a year to keep up. An entertainment in aid of this fund was held on the 8th inst., at the Kew Recreation Hall, by the pupils of Rolyat College, assisted by Signor and Signorina Rebottaro, and I hear it proved a great success. The cot and the bright-faced little occupant remind me of old times.

"Do you like this hospital, Gwennie?" I ask, as she lifts the bandaged leg and gives it a tender stroke. "Oh, yes; I like this hospital, and all the doctors, too. Fancy! I keep all the nurses' baskets tidy. They *will* miss me when I go! I'm always tidying those baskets, and yet they never seem tidy." "You have a lovely cat there," I observe, glancing at a stuffed object on the mantelpiece, which was quite an anatomical curiosity. "Oh, yes; but his neck's too thin. We have a lovely cat at home—a live one, you know—called Boots. Then we have another named Jim. I'm very fond of cats. Jim was lost once for seven days after we shifted. He came back all right, quite by himself. I expect he knew the voice of the magpie and the cockatoo in our backyard." Gwennie was a communicative little chatterbox, and I could readily understand her popularity in the ward. She was looking forward to going home next day, and seemed quite excited at the prospect. No matter how contented the little ones become under the hospital roof, "going home again" is nearly always eagerly anticipated.

A painful contrast to bright Gwennie is the little burnt child at the other end of the ward. The small, cropped head lies so quietly on the pillow, and she looks at me with shy, wistful, brown eyes; but I cannot persuade the poor mite to talk. She answers my questions inarticulately, and a ghost of a smile lights her face. A velvet pussy, full brother to our friend on the mantelpiece, is close at hand, and I believe Gwennie and she often compare cats with a great deal of friendliness and some argument. The little ones give a touch of brightness and a pathetic interest to the adult wards. They are always popular and, consequently, nearly always spoilt.

Some "good" cases, to speak professionally, are in the female surgical ward, and the kind-faced head nurse gives me an account of them which both interests and astonishes me.

I was not aware of the fact that major operations were performed at all in the institution, and I think my ignorance is more general than could be desired. In this ward are four patients, upon whom the most critical operations have been performed, all being successful. During last year 800 major operations were performed, so this is no experimental hospital. The male surgical ward is provided with four private rooms, and it is arranged exactly like the corresponding ward for females.

The nurses' quarters are at the top of the building, and they are very comfortable and complete. A dining-hall and sitting-room are devoted to their especial use, the latter containing a library, for which contributions are always most acceptable. The Homœopathic Hospital nurses are very well cared for, the rougher work being taken from them, and every arrangement made for their comfort both on and off duty. The ward floors are polished by wardsmen; a special maid is told off for the nurses' quarters, so that they have nothing to do but purely nursing duties—and quite enough too. The custom of keeping nurses constantly at menial work is a mistaken one, and it is rapidly giving way to a more reasonable and humane system. The probation at the Homœopathic Hospital lasts for three years, during which time the probationers are changed every few months from ward to ward, until thoroughly experienced in their duties. The lectures held in connection with their training are very popular both with the staff and the public. The friends of subscribers are admitted to the course by ticket, and so large is the attendance that the board-room is always filled to overflowing, fully 150 strangers being present the day I visited the hospital. The course of lectures for this winter comprises—"Elementary Anatomy, Elementary Physiology, and General Nursing." Dr. W. K, Bouton's little printed list of "Don'ts, for Hospital Nurses," is an all-round lecture in itself, full of useful hints for either amateur or professional nursing.

Miss Campbell, who has held the responsible position of matron for the last 10 years, was the first nurse trained in the institution, and she seems most popular with her staff. She has a singularly kind face, and a very gentle and womanly manner. Miss Campbell has just been made a member of the Royal British Nurses' Association, an honour rare, I believe, on this side of the world. Mr. Bennett, the superintendent and secretary of the hospital, who has held his position for 10 years, is a very popular and efficient officer, of whom everyone has a good word to say. Through the courtesy of Mr. T. J. Howard, a member of the board of management, I was introduced to the whole staff and shown over the

building. I was very much struck by the evidence of good feeling existing among the members of the hospital family. There is an absence of the institutional air, giving a delightful sense of homeliness which the patients must appreciate. The nurses all look thoroughly happy in their work, and their health does not appear to suffer very much from the constant strain inevitable in hospital life. Of course the young faces grow a little pale, and have not the open-air freshness we might wish to see. But, to quote Oliver Wendell Holmes:—"Souls grow white, as well as cheeks, in those holy duties; one that goes in a nurse may come out an angel."

The fine large balconies, running all round the building, are a great boon to the patients. A gathering of "convalescents" has been taken by *The Australasian* photographer, the patients of both sexes being grouped together for the picture. As a matter of fact, however, the male and female patients are always separated, according to the usual hospital rule. The balconies, furnished with lounges and ornamented with pot plants, are reached from the wards, in each of which is a window opening on to the floor, so that a patient can be carried into the fresh air, bed and all, if necessary.

The resident medical officer, Dr. Henry Cook—who is, for the present, the only house doctor—kindly explains to me the mysteries of homœopathy as we make our way to the dispensary. Although I have practically believed in the treatment for some years, finding it especially successful in children's ailments, I did not realise that homœopathy could cope with serious disease. However, I understand that the results, both in medicine and surgery, have been most satisfactory. Certainly, in surgical cases, ordinary hospital dressings are used, but only homœopathic drugs are given in all instances. The dispensary is a curious little place, especially to one accustomed to allopathic dispensing. The rows of flat, grooved shelves, filled with tinctures; the bottles of powders and pilules ranging all round the walls, have an odd and unfamiliar look. The chief fitting of the room—which is on the basement of the building—is the large filter, pure water being so constantly used in homœopathic dispensing. The out-patients' department adjoins the dispensary, also the servants' quarters, laundry, &c.

I must not conclude without mentioning the Ladies' Aid Association connected with this institution, the members of which have done good work for both patients and staff. Two of the ladies visit the hospital monthly, and see that all requirements regarding the regulations are complied with. On these ladies also falls the responsibility of supporting the

"Endowment Cot," and subscriptions towards this fund are earnestly requested. Subscribers have the privilege of recommending through the committee. Sir W. J. Clarke, who is to the fore in so many philanthropic movements, is president of the institution. The vice-presidents are Mr. J. W. Hunt, J.P., and Mr. J. M. Bruce.—*The Australasian.*

HOMŒOPATHIC MEDICAL COLLEGES IN CHICAGO.

The Doctor Talks.*

Thursday, a week ago, I met the Doctor in the lift at Cook County Hospital. As the iron cage sank to the level of the lower floor the door slid open, and we both stepped into the corridor. The Doctor drew me aside and abruptly asked:

"Heard the news?"

"What news? asked I.

"New College," said he.

"No," said I.

"I'll tell you," said he.

Taking a position near the engine, back of the great stairway, he began, as he sometimes does, at some distance from his subject. Said he:

"Great are multiplication and division! Bacteriologists have made the discovery that some kinds of microbes increase in number by a process of segmentation. In about twenty minutes segment segments, and then in another twenty minutes the segments segment, and this process continues at such a rate that if it were not interrupted, in two or three days there would be enough of the progeny of the original microbe to fill the Atlantic Ocean and all the waters thereof. I make this observation," said the Doctor, "in order to make an application, as the old lady said when she slapped a mustard plaster over the seat of the little boy's colic (if colic may be said to have a seat). The application is this:—A like process of segmentation has, for lo, these many years, been taking place in the case of the Chicago homœopathic colleges. Old Hahnemann, the original, underwent the process of segmentation, about twenty years ago, and where there had been one college, later there were two. The Chicago Homœopathic Medical College opened in temporary quarters, and later moved to its present plant. In the course of time—everything happens 'in the course of time'—one of the progency of the result of this split—I mean to say,

* *North American Journal of Homœopathy*, New York, October, p. 640.

segmentation—organised the 'German-American Homœopathic College,' and in about twenty minutes or twenty days, or some such trifling time, this institution underwent segmentations, giving rise to a twin that was dubbed (everything that isn't named is 'dubbed') the National Homœopathic Medical College, which, after suffering the various vicissitudes, and changing 'heads' a number of times, still lives and has its being, but doesn't 'move' to any great extent. The aforementioned 'International' (German American,) twin sister to the 'National,' has undergone a sort of Nordantic degeneration, and is now a lying-in hospital for unfortunate women, where they are promised 'strict privacy and the greatest care.' It is located not a great distance from the Foundlings' Home.

"I have so far accounted for four Chicago colleges, some alleged and some not alleged. At a still later date another microbe appeared on the scene. It came—as all such things come—to fill a 'long felt want' (alleged). It came to teach 'pure homœopathy' instead of the bastard kind that had been taught by some of the best men in our profession for more than thirty-five years—men at whose feet the new priests could with advantage sit and learn much wisdom. This new microbe was named 'Hering.'" With varying fortunes (including one of $200,000), and many changes of residence, it still has a name and a charter. But according to the immutable law already enunciated, 'Hering' has now segmented, and the other segment is the 'Dunham Medical College. All hail to the Dunham! This latest segment, we are informed, will be located in Chicago's great medical centre, near Cook County Hospital. The sum of $40,000 (it is said) has been raised for the purpose of erecting a building, and the contractor (it is said) has the plans already in hand. He has given a guarantee (it is said) to finish the building within ninety days and deliver the keys. The $40,000 (it is said) is raised on condition that the new institution be dedicated to the teaching of 'pure homœopathy.' That reminds me of something I can't think of.

"But it is not said whether the $40,000 is part of the $200,000 donated on condition that 'Hering' should teach 'pure homœopathy.'

"Now what a mess is here!" exclaimed the doctor. "What folly! What triumphant idiocy! Five homœopathic medical colleges in Chicago! O, for another 'great fire'! How it would clean them out!

"To argue that they are not needed, is to waste lung power; to try to talk them out of existence, is useless. They cannot all live, and they will not all live. Time will

erect the proper headstones. Time always does. But meanwhile the profession suffers, for it is utterly impossible that all these 'colleges' should do full justice by their students."

"But what of the faculties?"

"O, that is the easiest part of all! It is easier to get a faculty than it is to get $200,000. One of the microbes found that out. A faculty is made up of 'professors' (so-called), and professors grow on all the trees, even in the suburbs. I would guarantee to raise a new faculty full of professors, not one of whom had ever been heard of before, in less than a week. What is more I would guarantee that more than half of these 'professors' would be degree men, and I would give you your choice of 'A.M.,' 'Ph. D.,' or 'LL.D.' All that this requires is the use of two or three more types on the part of the printer, and the printer wouldn't charge me anything for that. So if you want a new faculty, let me know at once, for week after next I am going fishing, and I shan't be able to give attention to so insignificant a matter as getting up a college faculty full of thermometer professors."

"What are thermometer professors?" I asked.

"O, don't you understand," said the Doctor. "That is the way I describe the men who are marked by degrees. 'M.D.' is zero of my scale; 'Ph. B.' is freezing point; 'A.M.' is blood heat; 'LL.D.' water boils, and so on. It is easy to make my kind of a thermometer. People would be surprised if they only knew how many of these degree marks are assumed, with no more warrant for them than a dog has for side pockets. There would be a lively rattling up if the men in all our colleges were called upon to show up their degree diplomas, but those who are shaky on orthography (and I know several such) would have a hard time showing up their sheep-skins.

"It makes me weary," said the Doctor, "to see this useless multiplication of alleged medical colleges in Chicago. It is foolish, unwise, inane, insane, idiotic, indefensible, demoralizing, retroactive, unjust, unfortunate and wicked. If I had time I would give you my candid opinion on the subject," concluded the Doctor as he started toward the door, "but I don't want to be too harsh in my language."

All of which is truthfully reported by

SELAH.

THE DENVER (COLORADO, U.S.) HOMŒOPATHIC MEDICAL COLLEGE AND HOSPITAL.

We have just received the second annual announcement of the above. It promises well. There are four years' complete courses in medicine and surgery, and the staff is also very complete in all branches. So young an institution naturally reckons on only a small attendance. But there are 26 new matriculants, of whom, we observe, nearly half are women. We wish the college and hospital all success.

AMERICAN PHARMACY.

The Governor of Pennsylvania has appointed Dr. F. A. Boericke, of the firm of Boericke and Tafel, the well-known homœopathic chemists of Philadelphia, to be a member of the Pharmaceutical Examining Board of that State.

HOMŒOPATHY IN MEXICO.

Mr. Frederick R. Guernsey, the brilliant editor of the *Mexican Financier* and the *Mexican Daily Herald*, gives, in a recent editorial, facts and reflections which will be of marked interest to our readers. Speaking of the liberality of the Mexican Government in fostering science and encouraging the spirit of development and progress everywhere, Mr. Guernsey says: "President Diaz was instrumental in having built the Homœopathic Hospital in the City of Mexico, which has been for over two years in successful operation, and now lends the weight of his influence to the establishment of a national homœopathic school of medicine and surgery here at the centre of the Republic. The curriculum ordained in the document appended to the presidential decree is certainly an ample and a thorough one, and it is distinctly stated that the diploma of the school shall be equal to that of any other school in the Republic. We are partisans of neither school of medicine, but we welcome any step that leads us away from the old-fashioned administrators of boluses and huge doses! Their day is fast departing in an intelligent and modern world. Health is not to be got out of a bottle, although medicine may aid Nature, but Nature does the work, not the doctor, who, if skilful, successfully aids her endeavours to restore the healthy equilibrium of the human system."

Mexico, under the progressive administration of President Diaz, is rapidly developing a stronger and more vigorous life. The City of Mexico is located in a valley 45 miles long

between 7,000 and 8,000 feet above the level of the sea, surrounded by a mountain wall through which there is no natural outlet to the sea. As a natural consequence, epidemics, especially of typhus fever, are frequent, and attended with great fatality. One of the greatest feats of modern engineering skill has recently been accomplished by boring a tunnel through this mountain range, which will effectually drain the entire valley, making it one of the most healthy spots in the world, a second Vale of Cashmere. The great seaport centres of Tampico and Vera Cruz, which during the spring, summer and fall months have been the hot-beds of yellow fever, will be rendered as healthy as any seaport on the Gulf or Atlantic coast, by a system of underground sewers, now being prepared, through which, flushed by an abundance of pure water brought from the mountains, the sewage matter will be carried out to sea beyond the harbour improvement works, thus avoiding what is the curse of Havana—a locked-in bay, filled with city sewage.—*The New York Medical Times.*

AMATEUR DOCTORING AND BAD TIMES.

"During times of commercial depression medical men (says the *Medical Press and Circular*) are often accustomed to notice the effects thereof among their patients. When dividends are low and business is at a discount, the attendance of a practitioner, save in cases of urgency, is regarded in the light of a luxury to be avoided. It is at these times that amateur doctoring, so-called, becomes most rife, and then the patent medicine vendors have their innings. It is said that the sales of these quack commodities have increased immensely during the past year, some of the most favourite ones having sold as much as five or even ten times more than in any previous year. Moreover, according to trustworthy testimony, the number of persons who have relied upon home treatment during the recent epidemic of influenza and have dispensed with the services of a medical man has been extraordinary. In the effort to study economy of this nature, of course, a greater or less degree of risk is run which in ordinary times would not be incurred. But many persons, perhaps, have no alternative, and would rather accept the consequences thereof than involve themselves in a liability, the incubus of which would be likely to disturb their peace of mind for many a long day. Another feature indicating the necessity of practising economy is the eagerness displayed among patients to terminate the visits of the practitioner. Medical men seldom now are accorded the same welcome as was customary during the days when prosperity was a marked feature of the country.

On the contrary, at the earliest possible moment—frequently long before convalescence is established—a polite intimation is given by the patients or the friends that they are prepared to accept the responsibility for the future treatment which may be necessary. Thus 'slackness' of work of members of the medical profession is easily to be accounted for."

DEATH RATES.

In the reports of the vital statistics of the eleventh United States census the corresponding data from Boston, Philadelphia, Baltimore, Washington and from the New England States as a whole, taken with those derived from a special investigation of over 10,000 Jewish families, including over 50,000 persons, leads to the following conclusions as being probable for the United States.

1. The coloured race is shorter lived than the white, and has a very high infantile death rate; it is specially liable to tuberculosis and pneumonia and less liable than the white race to malaria, yellow fever and cancer.
2. The Irish race has a rather low death rate among its young children, but a very high one among adults, due to a considerable extent to the effects of tuberculosis, pneumonia and alcoholism.
3. The Germans appear to be particularly liable to disorders of the digestive organs and to cancer.
4. The Hebrews have a low death rate and a more than average longevity; they are less affected than other races by consumption, pneumonia, and alcoholism, but are especially liable to diabetes, locomotor ataxia and certain other disorders of the nervous system.—*Medical Argus.*

DEATH BY THE STING OF A BEE.

The *Journal du Jura* (of Bienne, Switzerland), of the 13th March, 1895, has the following article which may prove interesting for the pathogenesy of *Apis*. "Yesterday a little after noon, a watch gilder, Fritz Moser, while walking near a bee hive, was stung above the right eye by a bee and died ten or fifteen minutes later with the symptoms of heart failure. Moser who is a bee keeper himself, had been stung already last year near his own bee hive from which a dangerous syncope had been brought about.

"M. E. Bertrand, of Nyon, the eminent director of the Revue Internationale d'Apiculture, says, speaking of an identical accident which happened in Belgium two years ago (the victim, a beekeeper, had been stung near the eye too and

had also the year before received a warning which he had not heeded):

"During the eighteen years that we have read nearly all that has been published on bees in Europe and in America, we remember only five or six cases of death due to the sting of a bee or of a wasp alone. The proportion of subjects affected by this idiosyncrasy is therefore infinitely small and persons once stung need not fear the fate of the above said beekeeper. It is the *first* sting which kills or gives the solemn warning; therefore every time that we are asked to open a beehive in the presence of children or young people we never fail to ask: 'Have you been stung before?' and if any of those present answer 'no,' we have him or her put on a veil and hide his hands, not caring to be the cause of an accident. We leave to medical men the trouble to explain how the death is produced.'

"In the above case the syncope or fainting happened two minutes after the sting; the body did not swell and remained warm during twelve hours at least. A small reddish spot indicated the place of the sting. From what our correspondent, Mr. H. Hossart, of Ahin, wrote, the defunct Mr. Fiacre, of the Sarte-Huy, 'was almost foolhardy with his bees; the death can therefore in no wise be attributed to the emotion produced.'"

When I first read the account of Moser's death I knew that he did not die on account of any idiosyncrasis, but I suspected at once that his profession must be the cause; as a gilder he had to prepare the gilding solution or *bath* with that deadly poison *cyanide of potassium*; in preparing the same he had often to inhale the fumes thereof for hours, as the bath has to be heated. *Potassium* alone is a heart poison, to say nothing of *cyanide of potassium*.

About three weeks after Moser's death I visited his widow, to elicit any information useful to the profession. She said that in August, 1894, he was stung once in the middle of the forehead; he remarked to her that he felt unwell, went to the outhouse to vomit, and then fell to the ground and remained unconscious for twenty minutes; she threw cold water on his face and he regained consciousness; he laid down until noon, was very weak that day and was unable to work the next day.

This last time he was stung under the right eye in the lid; he walked a few yards into the workshop, felt dizzy and fearing to become unconscious sat down, resting his head on his arms; after a few minutes he jumped to his feet with a cry, and having made a few steps fell dead on the floor.

A post mortem examination disclosed a fatty degeneration the heart; the brain, lungs and liver were sound.

Since such cases are so rare, I did not want to miss any information; but we may put down as a fact that unless there is a serious organic defect in the body of the patient, the sting of a bee alone is not able to kill. I forgot to say that the regulars who performed the above post mortem took some blood from the eyelid which had been stung and sent it to the Bacteriological Institute of the Medical College of Berne for *cultures!* Dr. Ramseyer, *(Homœopathic Recorder.)*

APOMORPHINE.

In an extended article, J. Boyer and L. Guinard (*Bull. Génér. de Thérapeutique*) write of the physiological action and clinical uses of apomorphine. The authors state that the drug produces two kinds of physiological phenomena, one being characterised by *excitation*, in which spasms, trismus, convulsions, agitation, vertigo, and hyperæsthesia are observed; the other by *depression*, in which there occur syncope, collapse, hypothermia, general weakness, muscular paralysis, weakness and arrest of respiration, cardiac enfeeblement, and anæsthesia. These various phenomena are the result of the actions of two different kinds of drugs. The writers believe that the crystalline form of apomorphine causes exciting and and convulsive phenomena, while the amorphous salts of the drug produce chiefly symptoms of stupor and paralysis. To obviate the production of diverse phenomena, and in order to obtain in the adult a simple and pure emetic effect, the white *crystalline hydrochlorate of apomorphine* should be employed in doses of 3 to 5 milligrammes ($\frac{1}{20}$ to $\frac{1}{12}$ grain). The authors believe that, judging from the results of the principal researches so far published, and which they review in a careful and thorough manner, apomorphine is a medicament of real value. The superiority of its action over other emetics has been established. Its administration (by subcutaneous injection) and the rapidity of its action, make it an excellent therapeutic agent. In a pure form apomorphine will not cause serious after-effects.—*Medical Reprints.*

CORRESPONDENCE.

AMENDMENT OF THE MEDICAL ACT.

To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—Please allow me, through the pages of your *Review*, to elicit the opinion of our colleagues on the proposal made at the informal meeting after the Congress dinner at

Leeds, viz., that an endeavour should be made to obtain an amendment of the Medical Act, so as to make it obligatory that students of medicine shall, during their Materia Medica course, be taught the homœopathic, as well as the allopathic uses of medicines; not necessarily with the object of any particular mode of practice, but simply in order that they may be made acquainted with the whole, and not a part only, of the uses of medicines.

This would be only a reasonable, as it is a necessary, provision for protecting the public from imperfectly qualified practitioners.

At present, students are taught only the allopathic uses, and are therefore unable to take advantage of the homœopathic when the allopathic use fails.

From Hippocrates onwards the homœopathic uses of medicines have been admitted and taken advantage of by some of the best physicians; and of late Drs. Ringer, Brunton, Fraser, Bristowe, and many others, have not only admitted, but have demonstrated, that it is very frequently necessary to take advantage of these uses.

In the Preamble of the Medical Act the Government assume the obligation to see that medical practitioners shall be properly and fully qualified. In Section XVIII. the Privy Council take power to examine the curriculum of study, and see that it is such as to fully qualify the practitioner. In Sections XX. and XXI. they take the power to enforce sufficient and proper study; and Section XXIV. provides that the powers of the Privy Council shall be exercised in these matters by any three members thereof, the Vice-President of the Committee being one of them.

Now, it will be easy enough to convince the Privy Council of the necessity that medical practitioners should be able to use the homœopathic action of medicine whenever they think fit, or find it necessary to do so, and that they are not fully qualified if they cannot.

Yours truly,

JOHN W. HAYWARD.

61, Shrewsbury Road,
Birkenhead, Cheshire.

October 11th, 1895.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical. In-patients, 9.30: Out-patients, 2.30, daily; Surgical, Mondays, 2.30; Diseases of Women, Tuesdays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Diseases of the Throat, Mondays, 2.30. Operations, Tuesdays, 2.30.

BOOKS RECEIVED.

A Handbook on the Diseases of Children and their Homœopathic Treatment. Illustrated. A Text-book for Students, Colleges and Physicians. By Chas. E. Fisher, M.D. Chicago. 1895.—*The Operative Treatment of Pus Confined to the Pelvis.* By James C. Wood, A.M., M.D. Cleveland, Ohio.—*Diseases of the Liver.* By J. C. Burnett, M.D. Second edition. Philadelphia: Bœricke & Tafel. 1895.—*Journal of the British Homœopathic Society.* October. London: Bale & Sons, Great Titchfield Street, London, W.—*The Homœopathic World.* October. London.—*Medical Reprints.* October. London.—*The Chemist and Druggist.* October. London.—*The Calcutta Journal of Medicine.* August.—*The North American Journal of Homœopathy.* October. New York.—*The New York Medical Times.* October.—*The New England Medical Gazette.* September. Boston.—*The Hahnemannian Monthly.* October. Philadelphia.—*The Homœopathic Envoy.* October. Lancaster, Pa.—*The Clinique.* August and September. Chicago.—*Minneapolis Homœopathic Magazine.* October.—*The Medical Argus.* September and October. Minneapolis.—*The Southern Journal of Homœopathy.* August. Baltimore.—*Second Annual Announcement of the Denver Homœopathic Medical College and Hospital.* Session of 1895-96.—*The Medical Century.* September and October. Chicago.—*The Homœopathic Physician.* September. Philadelphia.—*The Pacific Coast Journal of Homœopathy.* September and October. San Francisco.—*The Denver Journal of Homœopathy.* September.—*Journal of Orificial Surgery.* September. Chicago.—*Indian Homœopathic Review.* August.—*Bulletin Gén. de Thérapeutique.* October. Paris.—*Revue Homœopathique Française.* September. Paris.—*Revue Homœopathique Belge.* June. Brussels.—*Rivista Omiopatica.* August. Rome.—*Leipziger Populäre Zeitschrift für Homöopathie.* October. Leipzig. — *Homœopathisch Maandblad.* October. Nederland.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

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THE MEDICAL PROFESSION AND THE PUBLIC.

GUY'S HOSPITAL MEDICAL SCHOOL has for many years been the chosen home of drug-therapeutics agnosticism. Its lecturers have proclaimed the uselessness of drugs, the ignorance of physicians regarding the actions of drugs, have denounced the idea that there is any "doctrine in therapeutics"—they have gone further, and have asserted that "none is possible now, nor probably ever would be," more vigorously and more frequently than the physicians of any other hospital. These "domestic confessions," as Lord GRIMTHORPE called them, have doubtless had their influence upon public opinion in the estimates that have been formed of the non-homœopathic medical practitioner of our time. And now one of the physicians of that hospital—Dr. GOODHART—in an interesting and instructive Address delivered at the Medico-Chirurgical Society of Exeter a few weeks ago, and published in the *Lancet* of November 2, under the title of *Some of the Limitations of Medicine*, comes forward and says: "I am afraid it is true, that a good section of the general public—and even, it must be confessed, not always the least discriminating—has floating about in its mind, and sometimes lets escape in veiled speech, that a medical practitioner must be more or less

of a humbug." The purpose Dr. GOODHART had in view in this Address was, he said, "to discuss one or two of the conditions under which they were obliged to practise, that seemed to him to conduce to such an erroneous notion." These conditions he divided into three classes. 1st. The uncertainties of medicine. 2nd. The impossibilities—the forlorn hopes—we are so constantly being called on to deal with and to lead. 3rd. In some degree our manner of dealing with some such limitations as those under which we labour.

Of the many uncertainties of medical work he first considers those connected with diagnosis. Here he points out the difficulties which sometimes attend the detection of a lung cavity; as where it is surrounded by healthy lung tissue, or where the bronchus, by which it communicates its physical signs, is blocked; while, on the other hand, a very small cavity, provided it be near the surface and surrounded by condensed lung, may give all the physical signs of one that is large. He then points the same moral from diseases of the heart, saying "how uncertain often are the signs of grave muscular weakness, so that a really experienced man shall say one day that there is nothing the matter, and the next day sudden death takes place." The frequent uncertainty also of evidences of enlargement of the heart is another. Then turning from uncertainties caused in diagnosis by what, as he says, "might indeed seem straight-sailing conditions," "what," he asks, "are we to say of those countless questions that obtrude themselves upon our attention, when we have to decide between the many ill-adjusted balances of physiological relation—between such states of ill-health and their differences as are caused, say, by one organ failing to do its proper share of work and when other organs are called upon to do the more? . . . Such hidden meanings must result in perplexed purpose, and perplexed purpose is the opportunity of chance."

The uncertainties of treatment are, Dr. GOODHART says, worse to grapple with than those of diagnosis. There is first of all the individuality of the patient. The influence of this is well pourtrayed by Dr. GOODHART in the following passage:—

"There are those who go through life without a day's illness, and there are those who seem to 'catch' as it is called, every

thing that is going. There are those whose every cut turns to a sore—though I daresay the surgeon turns aside to whisper, 'Yes, if not properly treated'—and there are others whose perhaps serious wound never looks back in the process of repair. There are those whose stomachs think no evil of assafœtida, and others to whom the most delicately prepared pill of a simple drug acts as a poison. There are those again to whom climate seems to be the main obstacle to at any rate pleasurable existence, and others who can go anywhere. do anything, and never turn a hair. Yet all these varied existences have to be treated, and treated for diseases that have the same names in the one and in the other, and treated by the same drugs, more or less, that are allocated to each disease. To prescribe for a headache may be an easy thing, albeit not always very successful; but to prescribe for John's headache, and Thomas's headache, are different things. 'There are at least six personalities distinctly to be recognised as taking part in a dialogue between John and Thomas,' says the Autocrat of the Breakfast Table. You know them: 'The real John, known only to his Maker,' who is not his physician unfortunately. It is, indeed, too sadly true for applied physic that the medical man's patient is never the real John, or John's John, but often very unlike either. We, indeed, know nothing of the details that produce individuality—one might almost fear that we never can know, forged as we are in the past and moulded by the present, constantly adapting ourselves to changing circumstances. To attempt to control disease as modified by such unstable conditions might well seem hopeless—an attempt to reorganise and reform a complex system that is the growth of years: a task meet, indeed, for the reformer who is blind to disaster even in the wreck of revolution, but not for the thoughtful mind, not for the balanced judgment, not for us. Happily, things are not so uncertain as they might seem, and day by day they become a little less so, but for the present, and for long, it must still be that we know much less than we do not know. And this ought to be made as clear to the mind untrained to medicine as to us."

A very real difficulty in prescribing is here set forth. It is one, however, which is overcome by realising the varieties of cases of the same disease, say of headaches, in the first place, and in the second, that these varieties can be distinguished by attention being paid to the difference in the symptoms of each case—the difference between the symptoms of John's headache and those which mark that from which

Thomas suffers. The case of disease (headache) is known by its symptoms, and in order to prescribe for both John and Thomas with any hope of success, we must remember the words of HAHNEMANN, that "it is the more striking, singular, uncommon and peculiar (characteristic) signs and symptoms of the case of disease [that] are chiefly and almost solely to be kept in view; for it is *more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to*, in order to constitute it the most suitable for effecting cure."

It is by differentiating cases of disease by the light of the symptoms appearing in each, by attaching importance to such as many would deem trivial, that we are, in prescribing, enabled to cope with the uncertainty which the differences in the individuality of those who consult us, so frequently surrounds their cases.

In considering the impossibilities of medicine which, he thinks, conduce to impress the public with the notion "that a medical practitioner must be more or less of a humbug," Dr. GOODHART confines himself to the consideration of only one impossibility, but that, as he says, "the greatest of all—the attempt to cure the incurable." In such cases, by endeavouring to inspire the patient with hope, to administer, in short, to that intense love of life which is so natural, "medical men are believed systematically to suppress the truth." This supposition involves an ethical question upon which much has been written. In an interesting passage, Dr. GOODHART analyses the classes of patients who express a desire to know the truth as to the chances of their recovery. Those who want to know all that can be told them—the *very* truth. Those who only want to know favourable truth. The third class he then describes:—

"In another still larger group of cases the question is never faced at all. They may have grave fears about the gravity of their malady and they unconsciously minimise their symptoms. They may brood over and fear the worst, but they never ask for an opinion, they never even mention their suspicions or fears themselves; these leak out perhaps by the sigh of relief that results from a cheery verdict or from the furtive aside of an accompanying friend. I venture, therefore, to state, as the result of deliberate and experienced conviction, that just as it is those who have little the matter with them

who go about in fear of death—not those whose days are really numbered—so those who are not stricken with mortal illness are clamorous to know the truth, and those who are mortally wounded in the battle of life seldom seem to have any desire to know."

His conclusion on this point is, that where it is necessary for the arrangement of testamentary matters and where those who *really* wish to know their exact condition, the exact truth, so far as it is known to the medical attendant, *is* told to the patient, while as to the large majority of the remainder the truth, while not systematically disguised, is so far diluted as to have the worst points kept in the back ground, and the more promising features made the most of. This practice is, as Dr. GOODHART says, "not only the most humane but the best thing to do in the interest of the prolongation of the life at stake." It is, we think, even more than this. It is the most truthful way to present an opinion. For no man can, in many of these cases, foresee with absolute certainty their fatal termination; the utmost that he can do is to speak of probabilities. And then again, as he presently says, "over and over again a patient has been given up by his medical attendant only to return to healthy life, and, not uncommonly, to make a life-long laughing stock of those who have condemned him." In these and other cases, "what is called tact" is necessary, and tact is "a vehicle to disguise the real taste of truth." This very important quality it is that distinguishes, far more than medical learning or professional skill, the successful physician or general practitioner from the unsuccessful. Tact is not seen in flattering a patient seriously ill, that he will get better. Lord BROUGHAM, when practising at the bar, was once cross-examining a woman at Lancaster Assizes; she had applied the word "humbug" to something, when he said to her, "humbug, my good woman, what do you mean by humbug?" She, in reply, (BROUGHAM, eminent as he was, was not a "thing of beauty") said, "Why, if I was to call you a pratty feller, I should be humbugging you." And yet it is true that tact is often regarded, by unreflecting people as "humbug." Tact may be perfectly sincere, while insincerity it is that is the essential feature of humbug. It is, indeed, as necessary to the comfort and well-being

of a patient as it is to the success of the practitioner of medicine who attends him.

In the over-treatment of disease, Dr. GOODHART sees another reason why "a good section of the general public, and that not always the least discriminating, has floating about in its mind, and sometimes lets escape in veiled speech, the impression that a medical practitioner must be more or less of a humbug." Of what he means by "over-treatment" Dr. GOODHART gives some striking illustrations. The following is particularly so:—

"There came into my room" he says "the other day two brothers in the prime of life. They looked healthy, and they were healthy, but they complained of indigestion. You all know how much or how little that may mean. They both had the same tale to tell. They were full of gout, so their medical adviser said, and they had been taking the waters to drive it out. I went into their habits and their history with the greatest care, fully determined to find out anything that there might be that was treatable; and I am sure that if anyone could look at those two young men, apart from the bias engendered by the continual treatment of disease, he would say, as I do, that they are specimens of perfect health. This seems to me a good illustration of over-treatment, and is an example which, *mutatis mutandis*, will apply to a good many cases that we all meet with—men and women who will have medicine although they do not want any so far as their bodily condition is concerned."

These are patients who certainly look as though they had been humbugged. But for all that, it is not at all unlikely that the "bias" had not been "engendered" but had rather been fed by continual treatment. The notion that they needed treatment was the morbid condition requiring the correcting influence of the physician, not the actual indigestion or the hypothetical gout.

Dr. GOODHART also cites as an illustration of "over-treatment," the scare which has been created by the doctrine of the bacillary origin of phthisis, with its infectious character as the inference, and elaborate disinfection processes as its natural sequel. In dwelling upon this he indulges in a little allegory, which contains such an excellent lesson conveyed in so pleasing a manner that we will quote it:—

"Let us ask ourselves what we really know as to the value of disinfecting houses that have been inhabited by the

tuberculous. I know nothing, but I dreamed not long ago that from some coign of 'vantage I beheld a stronghold of bacilli grown big and visible in the illusions of the night assaulted by the sanitary inspector with his sulphur and his lime, and as the fumes arose these bloated midges giggled to themselves at the pleasure they derived from the unusual perfume. But by-and-by Messrs. Soap and Water came upon the scene, the windows were opened and the winds of heaven let in, and then it was that they turned tail and fled. Harassing precautions are all very well when we know that they will accomplish the end in view; but in the case of the tubercular bacillus we have no such knowledge, and for the present we had much better content ourselves with insisting upon absolute cleanliness and plenty of ventilation. We shall be in accord with, but not in advance of, our knowledge, and we shall have a much better chance of having our orders attended to. I should think there is nothing more sure in medicine than that the tubercle bacillus has special attributes, that it is not easily caught, and that it is successfully dealt with by common-sense precautions without turning society upside down."

Another illustration of the same over-treatment, he sees in the extradition of many cases of phthisis, another in the measures commonly adopted to defer the fatal termination of aortic aneurism, and a third in attempts to cure ringworm.

Do then the difficulties and uncertainties by which we are in some cases beset (few indeed in number, when compared with the vast majority with which we have to deal) and the consequent errors in judgment into which medical practitioners are apt to lapse, in any way account for the impression that a practitioner of medicine must be more or less of a humbug? We think not, if the practitioner is always sufficiently guarded in expressing an opinion. It is recorded, traditionally, of ABERNETHY that in addressing the students of St. Bartholomew's, he said "Be very careful, gentlemen, how you form an opinion, be still more careful how you express it, but when once you have expressed it, stick to it." Nothing could be better than the first two clauses of this *dictum*, but for the success of the third one requires to be absolutely sure of the second having been adequately carried out. It is the air of infallibility so often assumed in expressing an opinion, which events prove to have been unsound, that gives rise to the idea that the practitioner has been

humbugging, whereas his opinion was sincere, was really according to such knowledge as he had, such skill in applying it as he possessed, but unfortunately in both directions he had failed to recognise his imperfections. The humbug consists not in the error in diagnosis, but in the over-confident tone in which it is expressed.

The uncertainties in treatment, where medical practitioners refuse to recognise the existence of "doctrine in therapeutics," are doubtless many. The treatment is nevertheless applied with every confidence, at least it is made to appear so to the patient, and the inevitable failure to relieve, which so often follows, does undoubtedly create an impression that the doctor is "more or less of a humbug."

We cannot think that the attempt to relieve the incurable—provided that the practitioner admits the impossibility of art to do more than relieve—is calculated to suggest the disagreeable impression of which Dr. GOODHART has endeavoured to account for the existence. While in communicating a prognosis, if done with judgment and tact, there ought to be no excuse for such a notion, at any rate not among the more discriminating of the general public.

The over-treatment of disease is doubtless a source of much scepticism as to the value of medical help, especially in such instances as Dr. GOODHART quotes of two healthy young men who consulted him on account of an indigestion, which they had had traced to gout, whereas it was in all likelihood due to physic.

That such an impression as Dr. GOODHART believes to float in the minds of the general public with regard to medical practitioners does so float, is doubtless perfectly true; neither are we surprised at it, though we do not think that he has succeeded, save but slightly, in tracing it to its source, or sources. For its existence medical practitioners have largely to thank themselves.

In the first place, how have they not belittled treatment? What a catalogue of confessions of the uselessness of drugs and of the ignorance of medical men, both of the past and at the present time, regarding the actions of drugs, is that proceeding from the pens of some of the most eminent members of the profession contained in Tract 9 of the Homœopathic League Series!

Dr. GOODHART must know that the *Lancet* and other medical journals are on the tables of the reading rooms at, probably, all the Clubs in London, in many of the Free Libraries, and in a considerable proportion of the public newsrooms of the country. What medical men say at medical societies and write in professional journals is now-a-days common property to a far greater extent than it was some years ago. What impression, we would ask, is such a passage as the following, taken from an address delivered by Dr. WILKS, at Birmingham, which appeared in the *Lancet* of the 14th of November, 1885, likely to have upon the minds of the general public and particularly those members of it who are "not the least discriminating"?

"It would be interesting" said DR. WILKS, to know at the present time how many medicines are given from a knowledge of their use, and how many because we consider them likely to do good by simply following the dictates of our minds. I mean when, for example, all of us, without exception as far as I know, write down on a piece of paper, measuring six inches by four, some drug for every trouble which the patient presents himself with, it would be rather difficult for us always to give a good reason for our action. I think it is not difficult to see that our art had not a scientific basis, but on the contrary was like all other arts of ancient times, formed out of the fancies of the human mind."

Then, referring to the efforts that have been made to purge the *Pharmacopœia* of worthless drugs, he says:—

"Many, however, still keep up their fame, though probably valueless, because of some physiological action which accords with a purely imaginary notion of the nature of the disease in which they are given."

These are the words of no obscure physician, but of one of extensive experience in hospital and consulting practice during more than forty years; one of the most influential teachers of medicine of the present day; a man whose pathological studies have contributed largely to the existing knowledge of disease; a lecturer whose popularity with students is perhaps greater than that of any of his colleagues. Accepting them, then, as very truth, what can any of the general public conclude from them but that the prescription of drugs, as ordinarily made, is humbug! That these measures, though ostensibly so, are not really employed for the purpose of modifying the process of disease in the direction of

health, but because, as Dr. WILKS said in the course of the same address, "When people are ill they must take something." Surely there can be no sincerity in the assurance "this will do you good," with which the prescription is handed to the patient. If, therefore, anything is entitled to be termed humbug, this mode of treating disease is obviously so. Another brilliant member of Guy's medical staff, too early lost to his profession, when commencing his course of lectures on materia medica in 1874 (*British Medical Journal*, May 16, 1874) told his class of students that "the drugs that a good doctor gives were often only, as it were, signs and symbols in the plan he was carrying out for the good of the patient—symbols vitally important in the practical world. . . . That potion three or four times a day is like a set of stepping stones for faith in the weary time. . . . Although no one can tell how much good drugs may do in their mysterious line, it is an ultimate fact in human nature that, if you do not give drugs you will not be trusted to give other advice."

Does not such teaching as this imply that the art of drug-prescribing, as understood at one of the most important medical schools in England, is what is commonly understood by humbug?

Lastly, the most discriminating among the public have been made fully aware that a method of drug-prescribing, one based upon a therapeutic doctrine, and carried out with drugs, the actions of which, upon healthy persons, have been carefully and fully studied, a method which ensures that *primo non nocere* shall have the fullest consideration in the administration of those drugs, has been long and earnestly pressed upon the attention of these physicians, and they, while protesting their anxiety for greater therapeutic light, have refused so much as to enquire or know anything about it; while the chief medical societies of the profession, following the lead of the London Medical Society, when at a meeting in 1836, after a paper on homœopathy had been read by one of its most distinguished fellows, proposed a resolution that the subject should never be brought forward again in the Society, have constantly refused to discuss or test this method. And yet this method is one supported by the traditions of the pro-

fession to a large extent; endorsed by the experience of thousands of physicians practising medicine in all parts of the world during a century; and a method, the fruits of which have largely provided physicians with material which they have, in many instances, passed off as original observations. For example, of a work of this type reviewed by the *British and Foreign Medico-Chirurgical Review* (October, 1875), the teachings in which, as evidenced by notices in the *Lancet* and *British Medical Journal*, had been "accepted with something approaching to admiration by the great body of the profession," the reviewer says "the newer matter is almost wholly taken from two sources, the later German researches and homœopathic literature." Presently, he adds, "either Dr. PHILLIPS' teaching must be rejected, or homœopathy and old physic become one and the same."

Many of the most experienced physicians of the day, then, regard the present knowledge of the actions of drugs in disease as so imperfect as to render them useless for the purpose of modifying the health of the body. The late Sir THOMAS WATSON assured them, when retiring from the chair of the Clinical Society, of "their real force" did they but prescribe them with more knowledge of their properties. Homœopathy, as is testified by the experience of thousands of physicians during the last hundred years, points them to the way to secure this knowledge. They reply by ridiculing it, by denouncing it as a fraud, its supporters as dishonest or ignorant men, and by suppressing, as far as in them lies, all knowledge of its principle and method, all means of obtaining such knowledge. And yet when the results of its practice are placed before them as though they were the consequence of the original thought and work of physicians who join with them in sneering at it, they accept them with "something approaching to admiration." Perhaps this mode of presenting homœopathy to the profession would by some be regarded as an illustration of "tact." If, as Dr. GOODHART says, tact is "a vehicle to disguise the real taste of truth," it may be looked upon in that light. It is, however, in our opinion, a very grave reflection upon the profession that any such vehicle should be necessary in order to convey to them a modicum of therapeutic truth. Tact, in such a case, is indeed reduced to the level of humbug.

Yes, "it is true that a good section of the general public—and even, it must be confessed, not always the least discriminating—has floating about in its mind, and sometimes lets escape in veiled speech, the impression that a medical practitioner must be more or less of a humbug." Who can wonder that it should be so, when they see the leaders of the profession writing prescriptions for drugs all day long, and at the same time asserting that there is no doctrine which can guide them in doing so, that the knowledge they possess of the actions of drugs is for the most part worthless? Who can wonder that it should be so, when these leaders, while earnestly expressing their desire for more light on the uses of drugs, persistently refuse so much as to enquire into a method of learning their action and of employing them to counteract disease which is presented to them, backed by an enormous amount of testimony as to its value, based upon long, wide and carefully studied experience? Who can wonder at the general public seeing humbug in the reason assigned for such refusal as that given by I. C. B. in *The Times* a few years ago—"Why should we put aside remedies in which we have learnt to trust?"—remedies, be it remembered, which are regarded but as so many "signs and symbols," and as presenting nothing of more real value than "a set of stepping stones to faith in the weary time." Who can wonder that such an impression should exist when the public are authoritatively told that for all the good a potion does, sweetened coloured water, taken in tablespoonful doses three times a day, would be quite as advantageous as the nauseous mixtures that are supplied to them? Drug-prescribing by men who confessedly have no faith in the utility of the drugs they order, is, say what we may, humbug. And it is largely owing to the knowledge that this is being done daily and hourly by the high priests of medicine in Harley Street, Wimpole Street, and Brook Street, that it has come to pass that "a good section of the general public—and even, it must be confessed, not always the least discriminating—has floating about in its mind, and sometimes lets escape in veiled speech, the impression that a medical practitioner must be more or less of a humbug."

ALBUMINURIA, AND ITS RELATION TO LIFE INSURANCE.

By Charles W. Hayward, M.D., C.M., Edin.; D.P.H., Camb.; M.R.C.S., Eng.; L.R.C.P., Lond.

(Continued from page 614.)

Tests for Albumen.

The tests for albumen in the urine are many, and it would be impossible to discuss the merits of one half of them. I shall content myself with simply calling your attention to those which are best adapted for general use, and which are the most reliable.

1. *Heat.*—This, the oldest test, is still largely employed. A portion of the suspected urine is heated over a spirit lamp, and a precipitate occurs, which may be albumen or earthy phosphates, which are precipitated by driving off the carbonic acid which held them in solution. A few drops of nitric acid are added, and if the precipitate is phosphates, these are dissolved. There are several sources of error—minute traces of albumen are not found, as a soluble acid albumen may be formed by slight excess of acid—or a soluble alkali-albumen by combination with some of the basic phosphates.

Mucin is also precipitated in this test. With care it is a good test, but is liable to error.

2. *Cold nitric acid.*—The best method of applying this test is to take some pure nitric acid in a test tube and gently float on to this some of the urine. If albumen is present a cloud forms at the junction of the liquids. A slight cloud may occur in the column of urine itself. This is probably urates and dissolves on heat, or sometimes a cloud is formed with urea, in concentrated urines, which cloud is slightly crystalline in form. Resins in the urine, copaiba, etc., also cause a precipitate.

3. *Ferrocyanic Test.*—Into the bottom of test tube drop 15 or 20 drops of acetic acid, and then two or three times that amount of solution of potassium ferrocyanide (1 in 20). The two are thoroughly mingled by shaking, next add urine to the depth of ⅔ of the test tube. If albumen is present it is precipitated throughout the whole volume of the urine, in a form of a more or less milk-like cloud. This test applied in this way avoids the mucin reaction, and precipitates all forms of albumen,

acid and alkaline. It may also be applied by half filling a test tube with urine, and adding a drachm or so of the potassium ferrocyanide mingling thoroughly, and then adding 10 to 15 drops of acetic acid. The precipitate is albumen and nothing but albumen.*

Quantitative Tests.—1. The most accurate method of determining the amount of albumen present is by separating, drying and weighing. The urine must be acidulated slightly with acetic acid, and then placed in a water bath at temp. 100° C. and stirred frequently to prevent the formation of bulky clots. The coagulated albumen is allowed to settle, carefully separated, and placed on a filter, carefully weighed. It is put into a hot air bath, and slowly dried. After cooling, it is again weighed, and again put into the hot air bath; this is repeated until the filter ceases to lose weight, when the actual weight of albumen is obtained.

2. *Dr. Roberts' Test.*—In this test cold nitric acid is used by the contact method. The urine is diluted with water, until opacity begins to form between 30 to 45 seconds after the fluids come together. Each dilution with an equal quantity of water, represents "one degree" of albumen, and each degree corresponds to 0·0034 per cent., or 0·0148 of a grain per ounce.

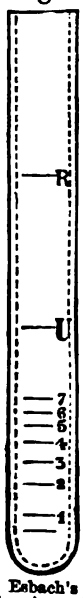
3. *Dr. Oliver's Method.*—In this method the albumen is coagulated by means of test papers saturated with mercuric iodide or ferro-cyanide of potassium. The specimen is diluted until the opacity exactly corresponds with that of a standard fluid contained in a tube. The two tubes used are flattened, and are held in front of a white card ruled with black lines, and it is easy to decide when the lines are seen with equal distinctness through the two tubes. The standard fluid is made so as to correspond to the opacity produced by 0.1 per cent. of albumen, and the per centage is found by multiplying this by the number of times the volume taken has to be diluted, in order to exactly correspond with the standard solution.

4. *Esbach's method.*—I shall describe this test fully as it is by far the best test for albumen which we possess. The reagent used is picric acid which has been shown†

* Purdy. † Grainger Stewart.

to give a distinct reaction with urine diluted until the proportion of albumen was only 0.000655 grains per ounce. No other test was found to give any reaction with less than 0.001311 grains per ounce. As a qualitative test for albumen therefore, picric acid has no rival. As a quantitative test it is equally satisfactory. As used in Esbach's test it has been found in a careful series of experiments made with *the same urine*, that whereas the absolutely exact, but generally impracticable, method of drying and weighing showed the presence of 1.0911 grains of albumen per ounce of urine, Esbach's test gave a result of 1.08375, while Roberts' method showed 2.5 and Oliver's method 2.8 grains per ounce.

On considering the above figures it will be seen that Esbach's test is at once the most satisfactory test both qualitative and quantitative. The importance of this to the general practitioner cannot be over-estimated. The test is easy and rapidly performed, qualitative result is at once obtained with a delicacy which the other qualitative tests do not possess. A rough estimation of a large or small amount of albumen can be at once made, while by allowing the precipitate to settle for twenty-four hours, an almost absolutely accurate estimation is obtained of the amount of dried albumen passed. The one test therefore fulfills all necessary conditions and is the only test for albumen which need be performed.



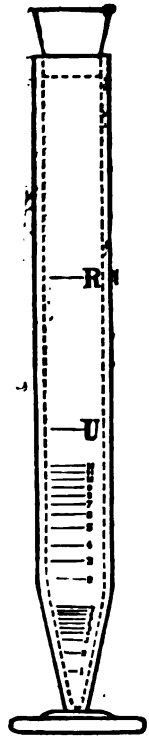
Esbach's Albuminometer.

The reagent used in Esbach's test is made by dissolving 10 grammes of picric acid and 20 grammes of citric acid in 800 C.C. (about 28 oz.) of boiling water, and then making up to one litre (35 oz.) No heat is used in this test, which is carried out in graduated tubes. The tubes, as introduced by Dr. Esbach, are like ordinary test tubes made of thick glass. A series of graduations is marked on the tube, the lowest being ½, and the scale is continued in units up to 7, or in some patterns to 12. Above this scale is a mark U, showing the level to which urine is to be taken, a still higher mark, R, denoting the height to which the reagent is to be added.

Esbach's tubes are unsatisfactory, as it is impossible to estimate small amounts of albumen by their use.

The scale commences at ½ and then proceeds by units. In many cases the amount of precipitate obtained is less than ½, and as very often the urine is diluted before testing, this occurs frequently. Accuracy below the unit is therefore unattainable, and it is just in estimating these small quantities that any error affects the resulting calculation in the greatest proportion.

The shape of Esbach's tubes precludes the possibility of finer graduations.



The Author's modified Esbach's Albuminometer. Registered.

I have had made* a modification of Esbach's tubes, which will, I think, be found to fulfil all requirements. The shape has been altered so as to permit of the scale being continued in tenths below the unit. The division into tenths has not been carried above the unit, as this would render the scale too complicated, and any slight error in estimating the decimal part higher up the scale would not increase the total error in the same proportion.

The urine to be tested is diluted with water until the specific gravity is not above 1010, and slightly acidulated with acetic acid, if either of these procedures is required. It is then poured into the albuminometer up to the mark U, and the reagent added up to the mark R. The tube is then closed by means of the india-rubber stopper, and the fluids are thoroughly mixed by inverting two or three times. A cloud or precipitate is formed in proportion to the amount of albumen present, and after allowing the precipitate to settle for twenty-four hours the amount is read off, and the total quantity of albumen passed daily is easily calculated.

The graduations on the tube represent grammes of albumen per litre, and the percentage is found by dividing by 10, or removing the decimal point one figure to the left—thus 4 grammes per litre are equal to ·4 per cent.

*By Messrs. Sumner & Co., of Liverpool, from whom the reagent may also be obtained.

In order to facilitate the calculation of the total amount of albumen passed per diem, I have worked out a formula which will render the process easy:—

One gramme per litre = .1 per cent.
.1 per cent. = 1 per 1.000.

Therefore : 1000 : 437.5 :: 1 = $\frac{437.5}{1000}$ = 0.4375 grs. per oz.

So we find that .1 per cent. of albumen, which is equivalent to the unit on Esbach's scale, shows 0.4375 grains of albumen per ounce of urine.

Let D = number of times the urine has been diluted to bring the specific gravity below 1010.
U = amount of urine passed in 24 hours, stated in ounces.
R = reading of scale of precipitate in Esbach's tube.
Then—

R × U × D × 0·4375 equals the total number of grains of albumen passed in 24 hours.

Supposing that the scale reads 5, and that the urine has been diluted to one in four, and 50 ounces are passed per diem, then,

5 × 50 × 4 × 0.4375 = 437.5 grains, or exactly one ounce of albumen per 24 hours.

Or take the facts in a case of functional albuminuria I have recently tested. The amount of albumen in undiluted urine was .2, on the scale of the modified Esbach tube, and the total amount of urine 50 ounces; then the calculation stands thus:—

$$.2 \times 50 \times 0.4375 = \frac{2 \times 50 \times 0.4375}{10} = 4.375 \text{ grains}$$

as the total amount of albumen passed in 24 hours.

By means of the modified albuminometer a total daily amount of 2.1875 grains of albumen can be accurately estimated, which proves the extreme delicacy of the test when performed with this instrument, as with the original instrument variations in the finer shades of albuminuria could not be calculated.

Dr. Purdy, of Chicago, has modified Esbach's process, so as to render unnecessary the waiting 24 hours. He places the tubes in a machine of his own invention, which he calls a "centrifuge," and by rapid centrifugal revolutions he causes all the albumen to settle in a few minutes.

He also recommends that this machine should be used in connection with graduated tubes introduced by himself, using 10 c.c. urine, 3½ of potassium ferrocyanide solution (1 in 10), and then 1½ c.c. of acetic acid, thoroughly mixed. The tubes are then placed in the centrifuge, and revolved till all albumen is settled, and the per centage is then read off. This modification precipitates only the albumen, whereas in Esbach's test, mucin and proteids are also precipitated, but not so as to appreciably affect the result. *

Purdy's method of testing with the assistance of his centrifugal machine enables an accurate determination of the amount of precipitate present to be arrived at in a few minutes, but for the general practitioner this method is out of the question. It necessitates the possession of a special centrifugal machine, into which the tubes of urine are fixed and revolved at a rate of one to two thousand revolutions a minute. In this manner all precipitate, or sediment in the urine, is made to settle in two minutes, thus greatly facilitating the microscopical and quantitative examination of any deposit.

The chief error in testing for albumen is due to the presence of mucin. The differential diagnosis of these two constituents may be carried out in the following manner:—

Take some of the urine and dilute it with water, to prevent the precipitation of uric acid on the subsequent addition of acid, and especially to diminish the solubility of mucin by the sodium chloride in the urine. Next add excess of acetic acid, and the precipitate formed is *mucin*.

Take another specimen in a test tube, taking a column of urine about three inches high, add about one drachm of potassium ferrocyanide solution (1 in 20), thoroughly mingle, and add 10 or 15 drops of acetic acid. The precipitate formed is *albumen* and *not mucin*.

Examination for Urea.

The amount of urea passed daily is about 500 grains. I cannot spare time to go into the different tests for urea as fully as into the tests for albumen, but I will describe the best test, taking accuracy and ease of application both into account. The instrument required is a ureometer.

* Grainger Stewart.

The one I have here is manufactured by Sumner & Co., of Liverpool. In America a similar instrument is known as Dr. Doremus's ureometer. The test is made by means of hypo-bromite of soda solution. The urea is decomposed into carbonic acid, water, bromide of soda, and nitrogen. The chemical change which takes place is:

$$CH_4\ ON_2 + 3\ Na\ Br\ O = CO_2 + 2\ H_2O + 3\ Na\ Br + 2\ N.$$

The CO_2 is absorbed by the sodium hydroxide solution. One gramme of urea will give off 370 c.c. of nitrogen at 0°C and 760 m.m. pressure.

The hypo-bromite solution is made as follows:—In 250 c.c. of distilled water 100 grammes of caustic soda are dissolved, and after cooling 25 c.c. of bromine are added.

This solution does not keep, so the better way is to keep the caustic solution and bromine separate, and mix as may be necessary. Take 10 c.c. of the caustic solution and add 1 c.c. bromine; thoroughly mix, dilute with an equal quantity of water and fill the ureometer. The bromine is inconvenient to keep and work with in bulk, so I recommend the capsules of bromine, introduced by Sumner & Co., each of which is sufficient for a test. Take the caustic solution and place a capsule in it, break the capsule and mix the bromine with the solution. Then pour the hypo-bromite solution into the bulb, and incline the instrument until the long arm is completely filled with the solution. Then by means of the pipette slowly throw one c.c. of the urine into the long arm of the ureometer. Brisk effervescence occurs, and the resulting nitrogen collects at the top of the tube. After fifteen minutes the change is complete, and the amount of urea is found by reading the scale, which runs from 0.01 to 0.03 grammes per cube centimetre. This can be made into amount per cent. by multiplying by 100, or transfering the decimal point two figures to the right, so .02 equals 2 per cent.

Sumner's ureometer is convenient, as it has two scales, one reading grammes per cubic centimetre, the other grains per ounce.

The normal quantity of urea is about 0.02 grammes per cubic centimetre, or 2 per cent, or 10 grains per oz., or about 500 grains total per diem. This is for a man of about 145 lbs. weight, on mixed diet, and with moderate exercise. It is necessary to make an allowance

of 25 to 30 per cent. to cover variations caused by differences in weight, age, diet and exercise. If we find that the total urea sinks below 350 grains, (or 7 grains per ounce), there is reason to presume the presence of some organic disease of the kidneys. Should the amount of urea sink still lower, to 250 or 200 grains (5 grains per ounce), this constitutes strong evidence of diseased kidneys.

Microscopical Examination of the Urine.

The deposit present in the urine should be examined if possible from a fresh specimen, and it is well to instruct the patient to abstain from drinking for a few hours previously, in order to obtain a somewhat concentrated specimen. If it is advisable to let the urine stand, it is well to add some agent to prevent change. Take a specimen of the urine in a conical specimen glass and add 10 grains of resorcin, chloral hydrate, or salicylic acid, and allow the specimen to stand, covered, for 24 to 48 hours. Then remove 5 or 6 drops by means of a pipette and place in a shallow cell, cover with a cover glass; remove any extra urine from the slide with absorbent paper, and examine with a ¼ objective.

I shall place on the screen a series of slides, showing the chief urinary deposits, more to call them to your minds at present than for their importance in regard to our subject, excepting in the cases of casts, blood and pus. Of course they are all interesting in relation to the constitutional state, and even in regard to the causes of the albuminuria present.

1. *Uric Acid* may occur in all urines, and is not of any diagnostic importance in this connection.
2. *Sodium Urate.*
3. *Ammonium Urates.*
4. *Calcium Oxalates.*—When copious deposits of oxalates suddenly occur in cases of albuminuria, the case is probably functional.
5. *Triple Phosphate.*
6. *Calcium Phosphate.*—Sudden copious deposits of phosphates also favour the diagnosis of functional albuminuria, even slightly more so than the oxalates.
7. *Blood Corpuscles* are found in nephritis, (acute) and in accidental albuminuria.

8. *Pus Corpuscles*, in suppurative nephritis, and in accidental albuminuria.

9. *Epithelium.*—We may find (a) the *round cells* with single nucleus, finely granular; these may come from the kidney, renal pelvis, ureter, bladder, urethra or urethral glands. They are distinguished from pus cells by being slightly larger, and having a single nucleus. (b) *Columnar* cells, elongated with well marked nucleus, and may come from the superficial layer of the renal pelvis, or the deep layers of the bladder, ureter or urethra. (c) *Squamous* cells come from the bladder and vagina. Little can be definitely settled from the presence of these cells; they only form corroborative evidence.

10. *Epithelial Casts* are positive evidence of inflammation of the kidney. They may consist of masses of epithelial cells, or of more or less swollen and granular cells, and hyaline matter.

11. *Granular Casts* are of various colours, yellowish white, grey or brown, and may have over their surfaces, epithelium, fat globules, and leucocytes, and are indicative of chronic and degenerate changes in the kidneys.

12. *Fatty Casts* occur in extremely chronic cases, as the large white kidney.

13. *Hyaline Casts* may be quite transparent, or slightly granular. They may occur in any albuminous urine, and in interstitial nephritis.

14. *Waxy Casts.*—So-called waxy, but they may occur in other conditions than waxy kidney. The waxy characteristic is probably due to a change in the cast itself.

15. *False Casts.*—Long, ribbon-like bodies occur sometimes, which appear flat, and do not appear so solid to the eye as true casts. They probably come from the renal tubules, and occur in nephritis, cystitis, and renal congestion, and may be present in urine free from albumen. They are not characteristic of kidney disease.

In mentioning the different diseases of which albuminuria is a prominent symptom, it will be impossible to give anything like a satisfactory account of each, as an entire paper would be too short to deal fully with a single one of the more important conditions; I have therefore just picked out a few distinguishing features.

Nephritis.

Nephritis.—In this disease we find increased tension in the pulse; more especially, in chronic cases, we also find cardiac hypertrophy; but there is less tendency to degenerative change and valvular trouble than in cirrhosis.

We may get effusion into the pleura, and dropsy is common. Œdema of the lungs, bronchitis, pneumonia, and pleurisy sometimes occur, but are less important complications than in cirrhosis.

Eye changes are less common than in cirrhosis.

Hæmorrhages and paralyses, as hemiplegia, occur in nephritis, and may recover entirely; but these are of less frequent occurrence than in cirrhosis.

Convulsions in acute nephritis may be entirely recovered from.

Several varieties may be noted under the heading nephritis.

Etiology. Cold, poisons, as cantharides, etc., fevers, especially scarlet fever, relapsing fever, (which Ponfink says never occurs without accompanying nephritis), diphtheria, and other fevers. It also occurs after extensive burns and in pregnancy.

Nephritis may therefore be again divided into infective and non-infective forms.

The non-infective form, or inflammatory Bright's disease, may be either acute or chronic. It consists in an inflammation of the epithelium lining the tubules, and often affects the stroma of the organ also. The various stages of inflammation may be noted—inflammatory swelling, fatty degeneration and atrophy. The usual symptoms are, in the early stage, diminution of urine, albuminuria, often hæmaturia, tube casts, and dropsy. If the case assumes the chronic form, we get the same symptoms more or less marked, and also the tendency to secondary changes in the heart and vascular systems, etc., as mentioned previously.

Prognosis.—Nephritis, especially the acute form, often ends in complete recovery, but it is sometimes fatal, by suppression of urine, dropsy or some intercurrent malady. It does not often become chronic, the chronic variety more usually beginning insidiously as a chronic condition from the beginning.

The infective form is caused by the action of certain fevers, and not all fevers, on the kidney. Either the poison present in these cases, or some product of the process, acts upon the kidneys and produces the inflammation. A slight chill or error in diet is sufficient to determine such an attack.

In this form of inflammation it is the capsules of the malpighian bodies which are expressly affected (glomerulo-nephritis); or the stroma of the kidney in the neighbourhood of the small vessels (interstitial nephritis); or the epithelium of the tubules—all or any of these structures may be affected. The symptoms are similar to the non-infective form—diminution of urine, albuminuria, often hæmaturia, tube casts, and there is a history of recent infective disease. Sometimes the process becomes chronic, and then the symptoms are the same as chronic non-infective Bright's disease.

Acute infective nephritis after scarlet fever begins generally about the 20th day from the first appearance of the rash, the earliest day being the 18th and the latest the 31st. It must not be confounded with the febrile albuminuria which generally appears at the height of the exanthem and disappears again with the subsidence of the fever. It occurs also after diphtheria, and relapsing fever is, almost without exception, accompanied by nephritis.*

An acute nephritis also occurs sometimes in pregnancy, in the last months, especially in primiparæ, but a nephritis is not always present in this class of cases, even when there is albumen and a few casts after the attacks, as cases of this kind have been observed which showed after death not a sign of diseased kidneys.

In this acute infective nephritis we may get pain and tenderness, excessive urging to urinate, and only a few drops are passed, sometimes bloody. The urine is diminished, cloudy, and varying in colour, due to the blood, etc., added. The specific gravity varies; it may be 1030 at first and then 1006, when the urine increases. There is danger of uræmia and dropsy. The prognosis depends on the cause; the form following scarlet fever is the most dangerous. The cause of the albumen in

* Ponfink.

nephritis is, from first to last, the inflammation and inflammatory exudation, whether acute or chronic. The inflammatory action leads to the transudation of the albumen of the blood, and so to albuminuria. Of course, broken-down epithelial structure contributes to the amount, but only in comparatively small degree.

As an illustration of acute nephritis, I may mention the case of Mary M., ætat 14. Three or four members of the family were already down with scarlet fever, and this patient began on February 23rd, 1889, the temperature being 104° at first. I shall only follow the case in so far as it comes under our present subject. On February 25th, the third day of the fever, albumen and a speck of blood appeared in the urine; the temperature was 103° F. *Cantharis* was given, and in the evening no albumen was present, nor on the succeeding days. On March 14th the temperature was 98°, the face was puffy, urine smoky, and albuminous, the precipitate = ¼ height of the column of urine on boiling. Only milk diet was being taken. 15th; urine 8 ozs.; more albumen up to half the height of the urine. 16th; urine 12 ozs.; same albumen. 17th; urine 8 ozs., albumen slightly less. 18th; urine 21 ozs. 19th; urine 27 ozs. In the evening, when asleep, she woke suddenly and screamed for ten minutes and did not recognise her parents; urine 11 ozs., pupils equal, lungs all right, flushed. In the night she had two bad attacks of convulsions and vomited; urine 5 ozs. and smoky. She went on fairly well until 23rd at 3 p.m., when another screaming and unconscious attack occurred, and she was placed in a pack for one hour. At 4.30 the eyes were twitching regularly, pupils dilating and contracting. She did not recognise anybody, and the mouth was pulled to the left. *Terebinth* was given and another pack. 6.30; conscious again. 8.15; taken out of pack and had been asleep all the time. Slept well in the night. 25th; urine 40 ozs., blood and albumen present. To shorten the notes, I may say that the urine improved, but there was still a little blood with the albumen on April 13th. *Arsenicum* and then *merc. cor.* were taken, and on May 28th there was still albumen. I ordered *ferr. muriat* 1x ♏ iii. *quot die*. On June 7th there was improvement, but still a trace of albumen. July 16; still albumen on boiling. *Arsenicum* 3x tincture and *ferr. mur.* 1x tinct., alternate weeks, were ordered.

August 22nd; still a trace of albumen. *Plumbum trit.* 6 and *plumbum acet* 3, alternate weeks, were prescribed, and on the 29th August I was called to see her, as she had a slight cold, but the albumen had disappeared.

She has been perfectly well and healthy ever since. This case is interesting as showing the two forms of albuminuria—first the transient febrile albuminuria, and then the scarlatinal nephritis developing later.

A young brother of this patient died during the same epidemic without any convulsions, but with the urine scanty and almost pure blood. He was not robust before the attack and we lost him; one out of seven in the family who were all seriously ill with the disease at the same time. One or two others showed the febrile albuminuria, but fortunately not the scarlatinal nephritis. By a curious coincidence the mother of these patients has recently suffered from another form of infective nephritis. On June 21st of the present year she was taken very seriously ill with fever and diarrhœa, the temperature going up to 104.6° F. She had partaken, at a restaurant, of a pork pie which was not good, and she was seriously ill. The temperature came down to the normal on the 6th day, but rose again, and this was due to a nephritis, the temperature going up again to 103° F. With *belladonna* and *cantharis*, improvement soon set in, although traces of the albumen lingered for some time. This is an interesting case of ptomaine poisoning, and shows that such poisoned states of the blood may irritate the kidneys and cause an acute nephritis.

As illustrating chronic nephritis, I give a few notes of an interesting case under my treatment at present.

Wilfred J., October 22nd, 1894, ætat 20, has had albuminuria since he was five years old, no scarlet fever. He was taken to Roberts (Manchester) when six or seven years of age, and was ordered milk diet which reduced it, but albumen was never absent.

Family History.—A sister, ætat 25, lately died of Bright's disease after scarlet fever when a child. She got better, and then inflammation of the bowels occurred and the nephritis returned. Then with a cold, acute nephritis set in lately and she died. In her case casts were always present in the urine.

A sister, ætat 16, had scarlet fever a year ago, and she showed a little albumen, which is still present.*

The patient's weight is 11 stone 5¾ lbs., height 6 ft. 1 in. in boots. He has had a pain in his back for three weeks, thought it was a strain. He says his face used to swell, but not during the last few months, and the feet also were swollen in the morning; urine this morning five gills (through the night). The doctor who has attended him says there have never been any casts. The general health is good, subject to colds, never any serious illness, costive, tongue flabby and furred and teeth indented, no headaches, pulse small and feeble, not tense.

Heart, visible impulse over area 2 in. circle, between nipple and sternum. First sound perhaps slightly accentuated at apex, not at aortic area. The albumen was found by accident. His mother tested all the family when one of the daughters had scarlet fever 15 years ago and discovered albumen in his urine.

Urine—specific gravity 1017—albumen—Esbach precipitate to 6½ = 0.65 per cent.; further specimens were asked for.

25th. Albumen varies—very copious from up to U in Esbach, to half this quantity. Microscopically many urates, some few granular cells. Casts not found. Amount in 24 hours = 69 ozs. Urea 4 grains (rather over) per oz. = 300 grains per diem. Albumen = 291 grains per diem.

$10 \times 69 \times 0.4375 = 291.873$ grains per diem.

27th. A few hyaline casts. The specimens of the different micturitions gave the following results:—

	Half urine and water—Esbach.		Corrected.
7.45 a.m.	—	3½	= 7
12 noon	—	8	= 16
4 p.m.	—	5½	= 11
10 p.m.	—	6½	= 13

His general health is good, and although he wintered abroad last winter, the albumen is still present in large quantity. *Acid phosp. dil.* caused diminution of the

* November 1.—Since writing the above this patient has also been placed under my care (the family reside in the north of England) and she is passing over 80 grains of albumen per diem and epithelium and hyaline casts are present in the urine. She has been put on a course of *mercurius corr.* 3.

albumen, but at the end of July the condition had not improved. The urine had a specific gravity 1011, amount passed in 24 hours was 78 ozs. Albumen 3½ grammes per litre = 113.1375 grains per diem. Urea only 3⅛ grains per ounce, making a total daily output of 247 grains, and showing that the kidney condition was at that time at any rate worse than at the previous examination.

At the end of August the amount of urine was 60 ozs., albumen 7½ Esbach scale = 196.875 grains per diem. Urea 4½ grains per ounce = 270 grains per diem. So the condition shows no improvement.*

(To be continued.)

ON THE SYMPTOMS OF LEAD POISONING.

By Charles Harrison Blackley, M.D.

(Continued from p. 623.)

In the preceding portion of my paper on lead poisoning, in the November number of this journal, I omitted to mention a symptom that occurred in my own case, and which I think is peculiar.

Very early in the course of the experience I myself had of the effects of this metal when taken into the system, I, one morning on rising, suddenly felt as if some bits of wood, or some grains of wheat, had got interposed between the sole of the foot and the bottom of the slipper. So distinct was the sensation, and so impressed was I with the idea that something had accidentally got under the foot, that I at once took off the sock and the slipper in order to examine. To my surprise, however, I could not find anything to account for the sensation. The sole of the foot appeared perfectly normal, there being neither swelling nor discoloration. The conclusion I ultimately came to, after I found I was suffering from lead poisoning, was that the sensation was in all probability due to some disturbance in the course of the nerve supplying that part of the foot, or to that of the nerve centre from which this originates. It is well known that there is hardly a tissue in the human frame that lead may not penetrate; but it is especially in the nervous tissues that

* November 1. In the interval the patient has been kept steadily on *merc. corr.* 3, and last week the albumen had diminished to 3.5 (Esbach scale) and the general condition is better.

it has been found to be relatively abundant where post-mortem examinations have been made in cases of lead poisoning.

XIII.—The appearance of the symptoms of the next case I have to describe dates back some years. It is what may be called a mild case of lead poisoning. These were for a long time, so indefinite and irregular in their manifestation that it was exceedingly difficult to determine whether they were due to any special cause or not; and this difficulty was not lessened by the fact that the symptoms were often mingled with those that the patient had had for a considerable time, but which arose from entirely different causes.

The patient was about forty-five years of age at the time the symptoms of lead-poisoning began to manifest themselves; but these were, as I have said above, so indefinite at first, that it is exceedingly difficult to say precisely at what period they began, and for some time they were so mild that they did not give one the idea that they were due to any form of poisoning. They yielded readily to treatment for a time (or appeared to do so), and that circumstance did not lessen the difficulty.

Amongst the earliest of these symptoms was a slight but distinct feeling of discomfort over the whole system; but this was so indefinite that it was often impossible to say precisely what it consisted of. After this had continued for some time on and off, the patient began to be very low spirited, without any special cause. Following this there was an attack of cutaneous anæsthesia in the right lower limb. Then, after a considerable interval, there was a feeling of numbness in the right hand.

I had previously made enquiries about the possibility of the water supply at the patient's house being by any means contaminated with lead, but had been informed that this did not appear to be possible. At this point, however, I felt it important to settle this question by having the house in which the patient lived thoroughly examined, to see if there were any possible means of the drinking water being contaminated. This was done; and it was ultimately found that a lead-lined cistern was stowed away under the roof of the house. The water from this cistern was sent to one of the leading analytical chemists in Manchester, and was found to contain lead, but this was in very small quantity.

In the meantime I got the patient to make careful notes of the subjective symptoms of his case, and with these and with the help of my own notes, I have succeeded in getting a fairly complete picture of a mild case of lead poisoning. These symptoms, as will be seen further on, I have, for the sake of conciseness, arranged in the order in which the symptoms of all our medicines are given in *Allen's Encyclopædia of Pure Materia Medica.*

The water when tested, as I have said above, contained a very small quantity of lead. This was apparently only 1-15th of a grain to the gallon. It is, however, highly probable that the quantity would be very variable and would largely depend upon the length of time the water remained in the cistern before being drawn.

Up to the time of my calling the patient's attention to the fact that I believed him to be suffering from lead poisoning, he had no idea that there was a lead cistern in the house, but, as I have stated above, this led to an examination with the results I have given. How long the patient had been drinking this water, more or less regularly, it is difficult to say. The way in which it came about is just the old story over again. The water in the lead cistern supplied the bath boiler behind the kitchen fire. This again was connected with the various hot taps over the house. To save time, water was drawn from some one of these taps for tea or coffee making and for other purposes. In this way the patient got his lead poisoning, and often he would have the water drawn for making breakfast the first of any that was drawn in a morning.

The quantity of lead that was found in the water when examined appears to be too small to produce any symptoms; but when we take into account the fact that the quantity was variable, and often much larger than that named above, it is not too much to assume that it was not too small to produce the symptoms I give below. It is, however, not my purpose at the present time to discuss whether any given quantity of the offending material can produce any given set of symptoms, but to give the facts as I appear to find them. At some future time I may possibly enter into the discussion of this question.

Mind.—Low spirited and anxious about small matters which, under ordinary circumstances, would give him no

anxiety. Had a feeling of apprehension about him as if something unpleasant was going to happen to him.

Head.—Neuralgic pains in the head with much headache, which is felt most in the forehead, and is most severe on awaking in the morning.

Eyes.—Pricking sensation in the eyes; vision clouded by smoky appearance before the object; occasionally bright sparks before the eyes.

Ears.—Occasionally a singing noise in the ears, changing sometimes to a dull sound.

Face.—Pricking all over the face, but only during some parts of the day. This was felt to be most acute on first awaking.

Nose.—Tickling and itching sensation in the nose, internally and externally, with sometimes a hard, dry feeling internally.

Mouth.—Tongue slimy and coated, does not enjoy smoking as he usually does. The tongue is sensitive. No blue line on the gums.

Throat.—No special symptoms.

Stomach.—Much troubled with eructations at times.

Abdomen.—A little time ago had slight colicy pains in the bowels, coming and going irregularly, worse mostly on rising in a morning. At times a scraping sensation in the bowels.

Stools.—Fairly regular, but occasionally constipated.

Urinary Organs.—Urine normal. This was tested on two occasions, but did not show any trace of albumen.

Respiratory Apparatus.—In fairly good condition.

Chest.—In fairly good condition.

Heart and Pulse.—Has occasional attacks of palpitation, which, however, seem only to be functional.

Extremities.—Nervous tremor, with pain in the muscles of the left arm. One or other of the thumb joints of the left hand feels at times as if it had splinters in it.

Skin.—Rather irritable. The feeling is as if he had had a slight sting in various places from some insect.

Sleep and Dreams.—Sleep very disturbed, sometimes he cannot get to sleep for some hours, and when he succeeds in doing so he is restless, turning from side to side. Sleep, when it came, was much disturbed by dreams.

Fever.—Very feverish feeling at times.

Generalities.—At times he felt very tired after being in bed all night; ached all over and did not want to get up. Was often languid all the day and not equal to his duties. Occasionally he felt as if all the nerves in the body were tingling. The great peculiarity of the above case was its variability and also in the way in which it seemed to yield to treatment before it was fully determined that it was a case of lead poisoning. This was no doubt partly due to the irregular way in which the impregnated water had been partaken of, and to the variation in the length of time the water remained in the cistern before being used.*

XIV.—The next and concluding example of this series of cases is one that came into my hands some few months after I took up my abode in Southport. The patient was a Nonconformist minister of about fifty-eight years of age. He was of middle height and was moderately full fleshed. He had, previous to this attack, enjoyed good health, but, as in some of the cases I have before cited, the commencement of the attack had been somewhat insidious.

The account he gave me of his symptoms at his first visit to me was that during the cold weather of last winter (1894-5) he had begun running down in general health. He also lost strength considerably, and had pains about the pelvis and in the chest. The pain in the pelvis was principally felt along the ridge of the *ilium* on the left side and also in the left *hypochondrium*. My first impression was that these pains were gouty in character, as I understood that there had been gout in the patient's family.

At his next visit the pains were no better, and had spread downwards from the *hypochondrium* to the centre of the bowels and also upwards to the thorax. The pulse had increased in frequency and was now 100. The sleep was very much broken, and this was principally owing to the increase of pain in the bowels and in the abdominal muscles, and for some hours after midnight the pain became almost continuous. At this visit there was the slightest indication of drooping of the left upper eyelid, and also a slight sense of deafness in the

* The patient occupied a house in one of the suburbs of Manchester and, of course, was supplied with Manchester water.

left ear; but the symptom the patient felt to be most oppressive and most difficult to bear was a general but indefinable feeling of discomfort and misery.

My experience of lead poisoning led me now to suspect that this would prove to be one of this kind; but, at the time I could not obtain any evidence of this of a positive character.

At the next visit the patient paid me, I found the symptoms to be all more pronounced, with some new ones added. Most of the muscles on the left side of the face (supplied by the *portio dura* of the seventh nerve) were paralysed, as also was the *orbicularis palpebrarum*, (and the other muscles connected with it and supplied by branches of the same nerve), so that the left eye could not be closed entirely. The mouth was also drawn a little to the right side, and when talking it was noticed that the patient's articulation was somewhat indistinct.

There was no blue line on the gums, nor was there, at this time, any indication of wrist-drop, but there were violent attacks of colic with severe spasm of the abdominal muscles. These usually came on, in their worst form, about midnight, and lasted until six or seven o'clock in the morning, after which the patient would get some sleep; but this was of a fitful and restless character, and he would finally awake from it quite unrefreshed. The pains in the bowels and the abdominal muscles were never entirely absent during the day, but were much more bearable than during the night.

A feeling of utter prostration and weakness were also among the leading symptoms at this time, along with an indisposition to engage in any kind of physical or mental labour, if he could avoid it; and taking the *tout ensemble* of these into account, I was now satisfied that I had a severe case of lead poisoning to deal with.

In some of the cases previously cited I induced the patients to take the trouble to note down their subjective symptoms, and I have done so in this. These, supplemented by my own notes, I give below in the order in which they are given in *Allen's Encyclopædia*.

Mind.—One overwhelming feeling of misery and indefinable discomfort. Irritable and anxious about trifles. In February had aggravation of all the above symptoms. For a time the mental depression became

almost unbearable, and as the month wore on, symptoms were developed.

Head.—Constant headache on rising in the morning, with shooting pains like neuralgia (in the head). Towards the end of March the morning headache continued but was less severe.

Eyes.—Weak and watery. Great difficulty in keeping the sight clear, especially in the left eye. This eye was disposed to be mattery, and there was congestion of the vessels of the conjunctiva in this eye. The eyes were generally closed with mucus in the morning. Strong light was painful to the eyes. The facial paralysis continued up to the end of March without any material change, except that by this time he had no pain or trouble from the eyes beyond some weakness and tendency to water.

Ears.—Singing and throbbing in the ears; most pronounced on the left side. Slight deafness, which is most perceptible on the left side. Pain in the ear and in the muscles of the face on the affected side.

Nose.—No symptoms that need noting.

Face.—Pronounced facial paralysis, and inability to close the left eye (March 18th. The patient paid his first visit on March 11th).

Mouth.—Mouth quite perceptibly drawn to the right side. Everything the patient eats seems to have a curious metallic taste. Difficulty of articulation commenced on March 17th. No blue line on the gums.

Throat.—No symptoms in the early stage of the attack.

Stomach.—Loss of appetite and distaste for food.

Abdomen.—About the 6th or 7th of March began to feel pain in the ridge of the *ilium* and in the left *hypochondrium*. This gradually became worse and extended to the centre of the bowels and up to the thorax, and caused a feeling as if the parts were enclosed tightly within iron bands. After its first invasion the pain became rapidly worse, and ultimately became so severe that from midnight to six or seven o'clock in the morning the violent attacks of colic and spasm of the abdominal muscles were more or less continuous, and did not permit the patient to have any cessation of pain, or to get any sleep until morning, for several nights in succession. In the day time the pain was much less, but never entirely absent.

Stools.—Motions fairly regular.

Urinary Organs.—Urine was cloudy and rather darker coloured than usual. Later on in the attack it contained a distinct trace of albumen.

Respiratory Apparatus.—No symptoms to note.

Chest.—Pains in the chest like neuralgia and a feeling as if enclosed in iron bands.

Heart and Pulse.—The pulse was during the height of the attack from 100 to 110 on an average, and of full volume.

Neck and Back.—No symptoms.

Extremities.—Late on in the attack the wrists were painful if the hand was tightly flexed upon the forearm. This was worse in the right wrist than in the left.

Generalities.—About the middle of January (1895) became very conscious of a distinct loss of strength and vitality. Put this down to the intense cold of the winter, from which he suffered severely. In February the weakness and prostration increased greatly. Had to take to bed for three or four days at a time on two or three occasions. For two months had breakfast in bed (an unusual thing for him). Consulted Dr. B. on March 11th. Preached for the last time (during his illness) on March 17th, but with great difficulty—feeling very ill and weak.

Skin.—Next he noticed the appearance of angry-looking spots on the skin, going on eventually to the formation of pustules that looked like incipient boils. These were spread over the whole body, but were thickest on the scalp. The itching and irritation of the skin was at times intense. Towards the end of March and the beginning of April the eruption and the irritation of the skin began to pass away.

Sleep and Dreams.—From the latter end of February and the beginning of March the sleep became very much disturbed, so that he rarely had a night of continuous sleep. This gradually got worse, and during the worst period the patient passed twelve or fourteen nights in succession with only odd snatches of sleep each night, and not more than a couple of hours in all would be gained in the twenty-four.

Conditions.—The pains were always easier in the day-time and worse at night, from midnight up to six or seven o'clock in the morning; but pain was never

entirely absent during the day until the attack was beginning to improve considerably.

The above cases, as a whole, give a fair example of the symptoms of lead poisoning.* All being well I shall, at some future time, consider what is the most successful mode of treating this formidable malady. In the meantime, it must suffice to mention very briefly the class of remedies that I believe will be found most efficacious in dealing with this disease. Nearly all the various metals—or their salts—give, in their pathogenesy, some of the symptoms that lead, in some of its forms, will produce. But there is one metal that I think stands pre-eminent in the closeness of its symptoms to those of the various preparations of lead, and that is *potassium*. Of the salts of *potassium* I am not as yet fully decided which I should give the first place to; but I think I should place three of them, viz.: *potassium nitrate*, *potassium bichromate*, and *potassium iodide*,† in the order now given. With one or other of these three drugs most of the formidable symptoms of lead poisoning may be successfully dealt with.

There is, however, a comparatively newly discovered metal that I think will be found to resemble lead very closely in the symptoms it would produce when taken into the system, and that is *Thallium*. In some of its qualities it seems to resemble lead. Unfortunately, we have no good proving of this metal, but it is highly probable that it will some day be found to be a great help in the treatment of lead poisoning.

Albany Road, Southport.

* In this case, my first impression was that cider, which the patient had been drinking during the summer of 1894, was the cause of the mischief; but when I got samples of the cider analysed by two of the leading analytical chemists in Manchester, no lead was found in either of the samples, and I did not subsequently discover the source of the poison.

† Various authors, of the old school, speak highly of the use of *potassium iodide* in cases of lead poisoning, but seem to be quite unaware of the close resemblance there is in the symptoms that the salts of each of these metals will produce when taken into the system. The late Sir Thomas Watson in speaking of the use of *potassium iodide* in lead poisoning says:—"The poisonous substance is in intimate union with one or more of the tissues of the body, and is retained there in some form which is insoluble in the animal fluids. The *iodide*, carried to all parts of the blood, combines with the metallic poison, and forms a new and soluble compound, which is again taken into the blood, and discharged from the body through its natural emunctories."—*Watson's Lectures on the Principles and Practice of Physic*, vol. ii., p. 564.

ANTI-DIPHTHERITIC SERUM *VERSUS* MERC. CYANATUS IN DIPHTHERIA.

By T. E. Purdom, M.D.

The following notes may be interesting as showing that anti-toxine has a distinct curative effect, and is not to be condemned wholesale. The question is whether using it as a homœopathic remedy, we cannot get results as good or better in attenuated doses, and thus avoid the risks that are now well known, besides the actual pain of injecting a considerable amount of serum under the skin.

H. B., æt. 5. Had sharp attack of broncho-pneumonia a few weeks ago.

Monday, January 7th, 1895. Complained of sickness, with headache.

Wednesday, January 9th. Complains of headache; is very feverish.

Thursday, January 10th. I found him as related above, with great nasal obstruction; several whitish yellow patches on tonsils; tongue very thickly coated; some nasal discharge. P. 130. T. 102°. The patches in throat are decidedly membranous. Submaxillary glands a little swollen. Diag.: diphtheria. Treatment: *phytolacca* ϕ ♏. j every two hours.

Friday, January 11th. Membrane spreading over uvula and to palate; tongue very thickly coated, dry and brown. This was the fifth day of illness. Dr. Delepine agreed with me that this was a suitable case to try anti-toxine, as the membrane was spreading. Breath offensive, glands swollen considerably. Accordingly I injected 5 c.c. of Burroughs & Wellcome's anti-diphtheritic serum into the loose cellular tissue between scapulæ with a special and sterilized syringe. A poultice was applied to throat and liberal diet ordered.

January 12th. P. 126. T. 99°. Membrane well defined on palate, but not spreading since last night. Signs of membrane loosening. Child seems better, slept well towards morning.

To-day I injected 10 c.c. more of the serum. At 5 p.m. of same day the report is P. 120. T. 99.8°. Tongue thickly coated and dry. Glands, which were as large as walnuts, much smaller and soft. Nose discharging freely. Membrane well defined, and not

spreading on palate, nor down towards larynx. Uvula covered with membrane.

Sunday, January 13th. P. 120, good. T. 100.2°. Membrane shrunk distinctly, but still round uvula. Back very sore for 48 hours after injection, but no inflammation. Voice natural. Bowels acted freely.

6 p.m. same day. P. 112. T. 100°. Respiration normal; membrane shrinking.

Monday, January 14th. P. 120. T. 99.6°. Slept well. No laryngeal symptoms. Deglutition more painful. Throat more raw. Membrane rapidly disappearing. Tongue cleaning. Voice clear. *Merc. cyan.* 6x was given.

January 15th. P. 116. T. 98.6°. Tongue cleaning rapidly. Feels better. Uvula cleaning. Membrane breaking up. Slept well. Nose quite clear. *Merc. cyan.* 3x in glycerine and water.

16th. P. 104. T. 98.4°. Tongue clean. Mere traces of membrane still seen. A little *iron* was now given.

A carbolic spray had been used during the treatment.

19th. Quite convalescent.

There were no relapse and no sequelæ.

One case does not prove much, but my partner and myself both noticed the decided change for the better within 24 hours of the first injection. The most striking change was that the glands at angle of jaw, which were as large as walnuts and hard, went down to about their normal size in 24 hours. The spread of membrane was arrested, and showed signs of loosening in the same time.

The nasal discharge cleared off very quickly, and there seemed no disposition for the membrane to spread downwards. The symptoms pointed to a severe attack.

I kept on with *merc. cyan.* 3x afterwards, but the marked improvement was noted before this was given.

Antiseptics were used in spray and in room. May we yet hope that a dilution of the remedy will prove to be as useful as it would be much more agreeable given in the usual way.

The evidence against the remedy and its evil effects, in the way it is now used, is not to be ignored.

Apropos of this subject, in December, 1894, my little nephew had diphtheria in Scotland, and the doctor in attendance writes me as follows:—

"I may say that I believe the anti-toxine had a very decided effect upon the course of the diphtheria. Mem-

brane was seen on the 9th. It had spread a little on the 10th. On the 11th the other tonsil was affected. That night the larynx was implicated. On the 12th anti-toxine 15m. was injected at 12 noon. T. 103°. P. 120. Breathing laboured, and the face very flushed. About midnight the temperature fell to 101°. Breathing was more free. On the 13th the appearance in general was better, and from that time there was gradual improvement. I continued general treatment all through, antiseptics and steam locally, and *iron* internally. Slight paralysis of vocal cords followed attack."

I had two cases shortly after the first one mentioned. In the first the glands were very large and infiltrated before the throat showed any membrane. Under the *merc. cyan.* 2x and *merc. corr.* spray to throat this boy made a very good recovery and with no sequelæ. The second of these followed scarlet fever, but recovered rapidly under the *merc. cyan.* treatment. Here the 2x seemed a little too strong.

I believe, however, from the allopathic use of the same remedy we may get good results, as in these two cases, from a strong trituration such as 2x when 3x or 6x might fail us. Others again have found the best results as we know from higher dilutions. The sudden and rapid improvement in the first two cases seemed certainly to be from the anti-toxine, though by knowing better how to use such drugs as *merc. cyanatus* and local antisepsis we may be on safer ground and get as good results as others no doubt have done.

CONSULTATION DAY, LONDON HOMŒOPATHIC HOSPITAL.

Reported by Dr. Washington Epps.

The third series of consultation days was begun on October 4th and will be continued, as in previous years, on the 1st and 3rd Fridays in each month, at three o'clock. The attendance has been very good, twenty-two medical men attending on the opening day. Six cases were shown the first day and three on the second, of which the following are the most interesting:—

Case I.—*An abdominal tumour in a man.*

Dr. George Clifton showed this most interesting case of an abdominal tumour.

The patient was a tall, thin, fairly healthy man of 54, a railway guard, who was working twelve hours a day. Twenty-four years before, he had been crushed on the left side between two buffers. For about the last five years he had had a tumour in the left flank. He had been under Dr. George Clifton's care for twelve months and about every three months had suffered from violent bleeding into the bladder. The hæmorrhage was so great that the bladder became filled with clots which had to be washed out. Dr. Clifton thought the tumour varied somewhat in size and that it was then rather smaller.

Dr. Clifton caused a general smile when he stated that the opinion of the doctors at Leicester as to treatment was "that medicines could do no good and that an operation was the only cure, but that it would prove fatal."

The tumour was kidney shaped, smooth, semi-elastic, with a vague feeling of fluctuation, and occupied the whole of the left abdomen, reaching from the ribs to the groin, and from the umbilicus to the flank. A considerable time was spent in the examination, when the following opinions were given.

Dr. Blackley thought the tumour a cyst or cysts, one of which had opened into the pelvis of the kidney and caused the periodic hæmaturia. He considered the tumour malignant and connected with the kidney.

Dr. Burford said the tumour was 1st kidney, 2nd malignant, 3rd sarcoma of the kidney capsule. He did not advise operation.

Dr. Moir considered the tumour a sarcoma of the kidney, and said that if an operation was to do any good, it must be done at once.

Mr. Knox Shaw thought the tumour renal, and probably solid but possibly fluid. He remarked that after diagnosing a similar tumour, which he saw last year with Dr. Goldsbrough, as solid, which afterwards turned out to be an extremely tense cyst, he should hesitate. He did not advise an operation.

Mr. Johnstone considered the tumour a solid renal sarcoma. Whilst it remained at a standstill he advised leaving it alone. He said the hæmorrhage might be from, first, extension of the growth into the pelvis of the kidney, or, second, as suggested by Dr. George Clifton, from rupture of the vesicular veins. If the growth was

sarcomatous, one should find the debris of the tumour in the urine.

Drs. Neatby and Epps considered the tumour cystic, and Dr. Goldsbrough that it was a fibro-cystoma.

Mr. Wright suggested an exploratory incision; he thought that if the tumour was a sarcoma it should be removed.

Dr. Clarke advised leaving the tumour alone, and Dr. Gomes, a visitor from Rio de Janeiro, suggested that the tumour should be aspirated, so as to differentiate between a cystoma and a sarcoma. No suggestions were made as to medicinal treatment.

CASE II.—*A tumour of the breast.*

Mr. Dudley Wright showed this case, which was one of a large carcinoma of the left mamma, with extensive infiltration of the surrounding glands and tissues. The patient came to the hospital hoping the tumour could be cured with medicines, her previous doctors having advised excision.

Mr. Johnstone considered that an operation would be of very little use.

Dr. A. C. Clifton thought the tumour a carcinoma. He referred to his experience, that in 80 per cent. of his cases of life-long constipation, if they were not speedily relieved by *nux*, *sulphur*, &c., or if only temporarily relieved, he always looked out for cancer. Dr. Burford cited a case in point, of a woman who, having suffered for years from constipation, took epidemic influenza and afterwards died in six weeks of cancer of the lung.

Dr. A. C. Clifton advised in Mr. Wright's case, giving the ætherial extract of *belladonna* or *conium* to relieve the pain, but that *hydrastis*, ϕ to 3 and 6, was the most important remedy, if any, to cure. He said the treatment must extend over one to three years. Mr. Dudley Wright did not advise operation.

CASE III.—*Lupus erythematosus.*

Dr. George Clifton showed the photograph of a case of bat's-wing lupus, which had improved under treatment.

The patient was a young man, a carpenter, with well-marked bat's-wing lupus of the nose extending over both cheeks. He had been treated at the Leicester Infirmary with various external applications; the patch had also

been burnt, and he had had a medicine (*arsenic* ?) which he always had to discontinue taking on account of its violent action. He was next treated at Guy's Hospital in the beginning of 1895, under Mr. Jacobson, who twice scraped the patch and afterwards injected tuberculin on two occasions. Patient was extremely ill after each injection.

He then came under Dr. Clifton's care and was at first treated with *rhus rad.* and *merc. biniod.*, and with *unguent. zinci et liq. carb. detergens* locally, but without improvement. He was then given *arsen. bromid.* 3x, with *zinc gelatine* locally. Under this latter treatment the patch appeared to slightly improve, but the medicine had to be discontinued, as it made him feel very ill and brought out a rash.

Lastly, the man was given *arsen. iod.* 3 cent. two grains, three times a day, and locally a preparation of *arsenic. album* and *gelatine* (*ars. alb.* 3 gr. lx. ad ʒ j.) In one month the patch began to heal, and in three months it was quite well, only the scar remaining. Dr. Clifton stated that the *gelatine* application protected the tender skin and was very soothing.

The photograph showed the patch completely cured, nothing remained of the patch but a white scar.

CASE IV.—*A case of spastic hemiplegia in a deaf mute.*

Surgeon-Major H. E. Deane brought up this patient from Aldershot for diagnosis and suggestions as to treatment.

Patient was a young man, aged 21 years, a deaf mute. He was quite strong and healthy up to his fourth year, when he fell into shallow water on to his head, but was able to walk home.

He appeared to be all right until ten days after the accident, when he was seized with convulsions. These chiefly occurred at night, when he would start up in bed, screaming and staring about in terror, his face drawn to one side. The fits would pass off suddenly, leaving him exhausted. He was at this time treated for worms.

The fits at first increased in violence and frequency, but afterwards, gradually decreasing, ceased and left him totally deaf, and without the use of his right limbs. He gradually recovered the use in these up to a certain point, but there still remained well marked inco-ordina-

tion. The right upper and lower limbs, though smaller than the left, were well-nourished and muscular, but were affected with spasms on making voluntary movements. The latissimus dorsi, the trapezius, and all the muscles of the arm were affected according to the movement attempted.

Patient had been treated with massage almost continuous for five months, when it began to cause pain and was discontinued.

Dr. Dyce Brown said the case was clearly one of spastic paralysis due to the accident, the exact condition of the lesion being difficult to diagnose. He thought that massage, if continued, should be intermittent. He suggested *strychnia* as a suitable remedy, and that it should be given at first in quite small doses, but gradually increased to the fullest extent.

Dr. Byres Moir considered the lesion due to the injury, and that the irritation still continued. He thought an operation was the patient's only chance.

Mr. Dudley Wright considered that the accident had but little to do with the patient's present condition, and was of opinion that an attack of meningitis was the cause of the convulsions and the original illness. As a result of the meningitis, bilateral deafness supervened either from involvement of the labyrinth or auditory nerves.

The meningitis in all probability affected the convexity of the brain on the left side, over the arm and leg areas, and the present condition of paralysis with spastic lesion was the result of this. In his, Mr. Wright's opinion, the most rational treatment would be an exploratory craniotomy over the areas above indicated, and the removal of any thickened or adherent membrane that might be found.

Mr. Johnstone agreed with the remarks of Mr. Dudley Wright. He had seen two or three similar cases in which portions of the cortex were removed and the spastic condition much improved.

Dr. Burford suggested the iodides as a suitable remedy.

Dr. Goldsbrough considered the lesion in the track of the nerve and not in the cortex. He suggested *silica*, and was opposed to the giving of *strychnia*.

Tenotomy was suggested for the relief of the contractions in the limbs, but Mr. Dudley Wright was strongly

opposed to this, as he considered that the patient would then be in a worse condition.

CASE V.—*Enlarged liver with marked jaundice.*

Dr. Epps exhibited this case of a man aged fifty, a butler, who was attending his out-patient clinic.

The history was as follows:—

Patient had suffered for six or seven years from many attacks of acute pain in the hepatic and epigastric regions. In October, 1894, he suffered from much pain in the epigastrium with vomiting of undigested food. He was at this time yellow behind the ears. The stools were costive but of a natural colour, and the urine *not* high-coloured.

Present condition. September 27th. Patient had lost weight from being 14 stone in October, 1894, to 9 stone 7 lbs., his present weight. His girth had decreased from 42 inches to 34 inches. He complained of attacks of acute pain in the region of the gall bladder. The liver dulness extended two inches below the ribs. No acute tenderness of liver was present. The stools were light brown; the urine almost black, staining the linen a crocus colour.

Oct. 4th.—Patient had an attack of acute pain on the 2nd which lasted for fourteen hours. The pain was somewhat less severe than during the previous attacks although patient took of his own accord 3 doses of *morphia*. Previous to the attack the urine was clear and natural in colour; afterwards it was the colour of porter. Stools before the attack light brown, none since. Pulse 72. No cardiac lesion detectable.

Oct. 15th.—Patient had an attack on the 11th. The attacks of pain occur exactly every ten days. Patient took, during this attack, 30 drops of turpentine in half an ounce of olive oil, and the pain was completely removed in five minutes. The skin was now saffron coloured and very irritable. The stools grey and of a loose, frothy consistence. The liver had a smooth surface and regular edge, was slightly tender and reached to below the umbilicus.

The medicine given was *chelidonium* ϕ gtt. ii.—v. every four hours.

Dr. Dyce Brown thought, although the liver surface was smooth, that from the duration of the case and the marked wasting the disease was malignant. He

suggested as remedies *hepar sulph.*, *phosphorus*, *hydrastis* and *lycopodium*. Dr. Epps did not consider the case malignant. He thought the obstruction in the gall-duct would account for the hepatic enlargement and for the marked wasting. He was not clear as to the cause of the obstruction, and intended taking the patient in for further observation, so that the stools could be carefully examined and if necessary the patient carefully examined under an anæsthetic.

Dr. Burford agreed with Dr. Epps' diagnosis, and thought the examination under an anæsthetic should be made.

Dr. Goldsborough considered the case non-malignant and unconnected with the gall bladder, he suggested as remedies *chelidonium* and *china*.

Case VI.—*A curious abdominal tumour.*

Mr. Knox Shaw showed this case, which had come to his out-patient clinic the day previous, for diagnosis.

The patient was a married woman, aged 47, who had had seven children and one miscarriage, the last child five years ago. Catamenia regular and normal. The last time of the menses, the pains in the stomach continued for a month, when patient consulted a doctor who diagnosed a swelling. The swelling was gradually getting bigger. The tumour was free from pain. Patient had lost flesh in the last six weeks.

The patient had a large, irregular, hard, nodulated tumour, larger than the spread-out hand, filling up the left upper part of the abdomen, reaching from the right of the umbilicus and extending almost into the left flank. The tumour appears to be freely movable and unconnected with the uterus, spleen, liver, stomach, or kidney. Mr. Knox Shaw had not made any internal examination.

At the consultation Drs. Burford and Dyce Brown made a vaginal examination, and found there was a hard nodule of the same character as the abdominal tumour in Douglas' pouch, and that the tumour was connected with the uterus; that although the uterus was freely movable, and when moved did not alter the position of the tumour, they found that when the tumour was dragged upwards it pulled upon the tumour in Douglas' pouch, and with it the uterus, showing that

there must be a long pedicle connecting the abdominal tumour with the uterus.

Mr. Knox Shaw said that at first he thought the abdominal tumour a malignant omental one, but that the vaginal examination had quite altered his opinion.

Dr. Dyce Brown considered the tumour uterine and possibly malignant from its rapid growth. Dr. Burford thought the tumour uterine and malignant, although the classical symptom of malignancy—fluid in the peritoneal cavity—was absent.

Dr. Roberson Day considered the tumour a malignant growth of the omentum.

Dr. Moir, from the cachectic condition of the patient, considered the tumour malignant.

Dr. Neatby said the tumour felt like a papilloma, and was malignant. He thought it was not omental. Mr. Johnstone was of opinion that the tumour was malignant.

No operation was thought advisable. No treatment was suggested.

KOLPO-HYSTERECTOMY.

By Edwin A. Neatby, M.D.

Assistant Physician for Diseases of Women to the London Homœopathic Hospital.

(*Concluded from page* 817).

Before dismissing the subject of vaginal hysterectomy for carcinoma, a few words on the not unimportant question of results are called for. I shall refer briefly to the statistics of Richelot, whose frankness and fulness in detailing his cases, failures and successes alike, and whose large experience commend his work to us. I cite his results also partly for the reason that the work of one of experience represents what the operation may attain to rather than its immediate position. A number of cases collected from a large variety of sources represent the combined immaturities of a number of men, their early errors of judgment, and their failures, due to want of practice.

Richelot records 44 cases of vaginal hysterectomy performed for malignant disease, up to the date of the publication of his book.* Of these, three patients died in the first nine days, and one at the end of two months

* *L'Hystérectomie Vaginale, etc.* Par L. Gustave Richelot. Paris. 1894.

after an attempt to repair a urinary fistula, which most operators would not include in their list. Excluding further two cases of doubtful diagnosis, and three who disappeared, he records eleven cases *who remained in health* for an average period of seventeen months, the longest being 5½ years and the shortest three months. During these periods no recurrence was recognised—the patients finally died after varying periods not stated. There is, therefore, no statement as to how long life was extended after operation. Seventeen cases were living at the time of publication, having remained without sign of recurrence for periods varying from 7¼ years to 2½ months, the average being over 2½ years. In the remainder of the cases the operation was done only with the object of palliation, and it was recognised that a portion of the diseased area was left behind and the cases steadily pursued their downward course. These results are most gratifying, and should encourage operators to persevere. It is obvious that, in properly selected cases, the patients do not die, and the development of their disease is retarded, while in some cases actual cure appears to have resulted.

The wider use of kolpo-hysterectomy on the Continent and in America than in this country is well illustrated by Richelot's statistics. Whereas here the large majority of vaginal hysterectomies are done for cancer, out of 274 cases by Richelot only 44 were for that malady.

The disease for which this operation is next most frequently performed by English surgeons is myo-fibroma of the uterus. For this affection the operation is both easy and safe, provided the tumour be only of moderate size (say 3 or 4 fingers' breadths below the umbilicus); that there be no complications, and that the vagina be capacious. If this is not the case a deep incision, extending outwards from the vaginal orifice in an oblique direction to mid-way between the anus and the ischial tuberosity, is desirable. The first important step is to open the peritoneal cavity. This is easily accomplished posteriorly, but less easily in front, for the size of the tumour causes the peritoneal reflexion to be high up. Difficulty is also sometimes caused during operation by keeping the scissors directed too closely to the uterus, whereby the enucleation of the uterus from its own layers is partially accomplished. The process of mor-

cellation already referred to in a previous issue is, of necessity, adopted in these cases.

It is needless to say that I am not here suggesting that vaginal hysterectomy is the operation called for in all or most cases of myoma not exceeding in size a fœtal head. Nor do I commit myself to the statement that if hysterectomy is decided upon, vaginal hysterectomy is necessarily the best method. So far I have only mentioned that it is done with more or less good results in this and other countries for myoma, and that *morcellment* is required. My own opinion is that valuable time may be saved by first ligaturing off the uterine arteries as rapidly as possible, and then opening the abdomen from above. The broad ligaments are more rapidly and more effectually ligatured from above, and the peritoneal flaps may be rapidly formed on an assistant's finger or a speculum. The flaps are brought together with sutures, which are passed through into the vagina, where they are twisted together and secured by a pressure forceps. The vagina is packed with iodoform gauze around the sutures. If this method, or any modification of Martin's operation, is performed, especial care is necessary in disinfecting the vagina and cervix, as well as the operator's hands after the vaginal manipulations. If it be a malignant case the os should be closed by sutures, and any ulcerating surface rendered actively antiseptic by the application of strong carbolic acid.

The following is Richelot's list of cases of vaginal hysterectomy for non-cancerous cases :—

		Cure.	Death.
61.	Pelvic suppuration	56	5
5.	Hæmato-salpinx	4	1
42.	Hydro-salpinx, interstitial salpingitis, etc.	40	2
21.	Retroflexion, with complications...	21	—
16.	Minor lesions	16	—
17.	Pelvic neuralgia	15	2
20.	Secondary operations (after abdominal operations)	20	—
43.	Uterine myoma	42	1
5.	Prolapsus (2 complicated) ...	5	—
		219	11

Upon this interesting and important list of cases I do not at the present time intend to dwell. There can be no doubt that kolpo-hysterectomy will find further favour in this country. To leave a useless and often diseased organ is only advisable when the removal of it would be attended by additional risk. As the mortality of the operation lessens, the wider range of its usefulness will be acknowledged. In this as in all other operations the points which determine the advisability of operation should be not the name of the disease or the dimensions of the pelvic lesion to the examining finger, but the amount of suffering or disablement caused by the malady and the probability of its being relieved by operation.

REVIEWS.

Eyesight and School Life. By SIMEON SNELL, F.R.C.S. John Wright & Co., Bristol.

ABOUT fifteen years ago the late Dr. Roth founded the Society for the Prevention of Blindness—a Society which did much by its numerous publications to enlighten the public upon an important question—the care of the eyes. Probably the Society's most valuable production was Professor Fuchs' prize essay on "The Causes and Prevention of Blindness," translated by Dr. Dudgeon.

The latest worker in this field is Mr. Simeon Snell, of Sheffield, well known, among other things, for his advocacy of correctly-designed school-seats, who has just published a small book entitled "Eyesight and School Life," a volume originating in a lecture delivered before an Elementary Teachers' Association. The subject is very fully entered into in Fuchs' essay, but is here brought into a convenient form, illustrated by photographs. Great responsibility rests with those having care of children, whether as parents, guardians or teachers, that they should first realise the importance of the care of the eyes in childhood, and next should have sufficient knowledge to detect when school work is being hampered by defective vision. Mr. Snell's book puts clearly and intelligently before the lay mind the construction of the eye as an optical instrument, and the meaning of the deviations from the normal; and enters fully upon such important subjects as the lighting of schools, the seating of scholars and the arrangements of the desks, all most important factors in the causation of ocular defects. He emphasises and reiterates the modern views as to the best posture when writing and

reading, and puts plainly the necessity of the careful adjustment of the hours of study. With his teaching in these subjects we are cordially in accord, and would recommend medical men who have the medical supervision of schools or who have patients in schools, to draw attention of the teachers to the importance of the subject.

An intelligent perception by the laity of their duty with regard to the hygiene of the eye, as well as of the school, will do much to create a demand for, and even to make imperative, the proper construction of desks, the most advantageous distribution of light, and a regulation of the hours of work suitable to the capacities of the children, and thus do much to prevent our becoming a be-spectacled nation.

As far as the subjects touched upon by this book go, children attending the Board Schools are in a much better position than those who are supposed to have the advantages of middle-class education.

MEETINGS.

BRITISH HOMŒOPATHIC SOCIETY.

The second meeting of the session was held at the London Homœopathic Hospital on Thursday, November 7th, at a quarter to eight.

The President, Dr. Goldsbrough, was in the chair.

New petitions for admission were read.

Dr. William Scott, of Huddersfield; Dr. William Greig, of Wakefield; Mr. Fred Thornton, of Huddersfield; and Mr. Lestock Reid, of London, were elected members of the Society.

The following specimens were shown:—A cystic kidney and a cystic uterine fibroid, both removed by abdominal section, by Dr. Burford. A lung from a rapidly fatal case of pneumo-thorax, by Dr. Epps. An impacted pessary and vesical calculus; a subinvoluted uterus removed by vaginal hysterectomy; a uterine sarcoma, with microscopical section, by Dr. Neatby. Specimens of calculus from four recent litholapaxies; and a microscopic section of fibro-adenoma of the breast, by Mr. Knox Shaw.

Section of Materia Medica and Therapeutics.

Dr. John H. Clarke read a paper on *Two Rarely Used Remedies, Ocinum Canum and Trombidium*. Dr. Clarke first narrated a case of abdominal pain, probably of renal origin, in a gentleman, aged 27, treated successfully by *ocinum canum* 200; the prescription being based on the symptoms, "renal colic, with violent vomiting every 15 minutes; one wrings ones hands, and moans and cries all the time." (To be found in Mure's Brazilian *Materia Medica*.) Another case of

a young lady, aged 24, with somewhat similar symptoms, was recorded where *terebinth* 3 and *belladonna* had failed to cure, improvement at once followed *ocinum* 200. The drug materially helped a case of vaginal prolapse. He saw the Brazilians considered it a specific for diseases of the kidneys, bladder and urethra. *Trombidium*—the parasite of a fly—was next considered, it being especially indicated in the treatment of diarrhœa and dysentery, and cases illustrative of its action were given. The symptoms needing it being these, brown bloody stools, worse in the morning, and after eating and drinking; griping pain in the abdomen before stool; tenesmus and straining after stool; great debility; fainting on rising. Dr. Clarke prescribed the 10650th dilution Fincke's make.

A discussion followed, taken part in by Dr. Dudgeon, Dr. Galley Blackley, Dr. Pullar, and Dr. Goldsbrough.

Dr. W. T. Ord read a paper entitled *Magnesium Phosphoricum, its Value as an Anodyne*. Dr. Ord raised the question whether there is any drug sufficiently homœopathic to acute nerve pain to be able to compete successfully with modern old-school analgesics, and considers that in *magnesium phosph.* we have such a drug. He gave a history of the drug and its introduction, as one of the so-called "tissue remedies." He surveyed the general indications with special reference to nerve pain and symptoms as exemplified in the writings of Allen, Hering, Boericke and Dewey. These symptoms clearly point to neuralgia in almost every sensory nerve of the body, and place the drug in the first place as an anodyne. He considers the drug to have a partiality for the right side of the head and face, with relief from warmth, and tenderness over the affected part, the pains causing mental distress, and being of a darting, shooting, shifting spasmodic character. The paper was illustrated by striking instances of its value from cases of the author's and from other sources.

In the discussion that followed the paper Dr. Dyce Brown, Dr. Pullar, Dr. Clarke, Mr. Knox Shaw, Mr. Reid, Dr. Byres Moir, Dr. Burford and Dr. Goldsbrough took part.

NOTABILIA.

POST-GRADUATE LECTURES.

The work of the winter session has already begun in good earnest. We are interested to see that the authorities of the London Homœopathic Hospital have arranged a full programme—they evidently mean to make the most of the resources of the new hospital, and to leave no opening for newly qualified medical men to complain that they have had no opportunity of studying homœopathy, and of seeing it applied in practice.

The advantages of the consultation day are known to most

of our readers; with the beginning of the session the third series was commenced. The cases, which we hope to report from time to time in our pages, have been of unusual interest and importance, and the attendance of medical men from London and the country has shown, to use a hackneyed phrase, that they meet a felt need. The consultation days are the first and third Fridays in every month, and medical men wishing to present cases should communicate with the hon. sec., Dr. Washington Epps, at the hospital.

Dr. Epps will be pleased to forward a fortnightly circular of the cases to be exhibited to any medical man requesting him to do so.

It is now some years since a systematic course of lectures was delivered on homœopathic Materia Medica and Therapeutics. This year, to combine didactic instruction with clinical teaching, three series of lectures will be given in the hospital. The first series is by Dr. Hughes, the first four of which have already been given; the titles are given in the subjoined list. Those which we have had the pleasure of hearing presented the subject in a lucid and liberal manner. The lecturer's well-known style and delivery make it a pleasure to listen to him. Strangers will find little or nothing to offend their orthodox sensibilities, provided they approach the subject in an unprejudiced spirit, and those already acquainted with the subject will be delighted to hear it presented in so convincing a manner. If the remainder of the lectures are anything like as valuable as the early ones, we shall hope to see them printed for circulation among the profession.

LECTURES BY DR. RICHARD HUGHES.

Nov. 1. (i.) "The Place of Drugs in Therapeutics." 5 p.m.

Nov. 13. (ii.) "The Place of Homœopathy in Drug Therapeutics." 5 p.m.

Nov. 20. (iii.) "Homœopathy, Ideal and Real." 5 p.m.

Nov. 27. (iv.) "Homœopathy in the Specific Infectious Diseases." 5 p.m.

Dec. 5. (v.) "Homœopathy in the Specific Non-Infectious Diseases." 5 p.m.

Dec. 11. (v.) "Homœopathy in the Diseases of the Nervous System." 5 p.m.

Dec. 18. (vi.) "Homœopathy in Eye and Ear Diseases." 5 p.m.

1896, Jan. 2. (vii.) "Homœopathy in Diseases of the Alimentary Canal." 5 p.m.

Jan. 8. (ix.) "Homœopathy in Diseases of the Respiratory Organs."

Jan. 15. (x.) "Homœopathy in Diseases of the Circulatory System." 5 p.m.

Jan 22. (i.) Lecture by Mr. Dudley Wright, "Purulent Rhinitis of Children, and its Relation to Atrophic Rhinitis; and Chronic Nasal Obstruction in Adults." 5 p.m.

Jan. 29. (i.) Lecture by Dr. George Burford, "On Subinvolution of the Puerperal Uterus: Its Nature and Treatment." 5 p.m.

Feb. 6. (ii.) Lecture by Mr. Dudley Wright, "The Diagnosis and Treatment of the Different Forms of Deafness in Children." 5 p.m.

Feb. 12. (ii.) Lecture by Dr. George Burford, "On Gonorrhœa in Women." 5 p.m.

Feb. 19. (iii.) Lecture by Mr. Dudley Wright, "The Diagnosis and Treatment of Deafness in Adults: (a) Middle Ear Deafness; (b) Labyrinthine Deafness." 5 p.m.

Feb. 26. (iii.) Lecture by Dr. George Burford, "On Albuminuria during Pregnancy and Childbed." 5 p.m.

March 5. (iv.) Lecture by Mr. Dudley Wright, "Suppuration in the Tympanic Attic, and its Mastoid and Intra-Cranial Complications." 5 p.m.

March. 11. (iv.) Lecture by Dr. George Burford, "On Peritonitis: Its Varieties, Causes, and Treatment." 5 p.m.

March 18. (v.) Lecture by Mr. Dudley Wright, "The Diagnosis and Treatment of Gross Intra-Cranial Lesions, other than those caused by Suppurative Ear Disease." 5 p.m.

March 25. Lecture by Dr. George Burford, "On Peritonitis, &c.," continued. 5 p.m.

THE PHILLIPS MEMORIAL HOMŒOPATHIC HOSPITAL AND DISPENSARY, BROMLEY, KENT.

A most successful concert was given on Friday evenin , November 22nd, in aid of the funds of this institution. The Grand Hall, Bromley, which is capable of seating nearly a thousand people, was densely packed, and a large number of applications for tickets were refused owing to the demand being in excess of the accommodation available. The audience included a large proportion of the more wealthy and influential residents of the neighbourhood, and our confrères, Drs. Dyce Brown (consulting physician to the Hospital), E. M. Madden, and H. Wynne Thomas, besides several members of the Committee of the local Cottage Hospital, were amongst the number who participated in the pleasure of a most enjoyable entertainment. The artistes were: Miss Gertrude Woodall, Mrs. Helen Trust, Madame Alice Gomez, Mr. Lloyd Chandos, Mr. Alexander Tucker, Mr. Arthur Payne (violin), and Miss Mabel Chaplin (violoncello), while Miss Read (an accomplished local amateur) presided at the piano.

With such a talented company of performers it is not surprising that the encores were numerous, and some of the artistes were repeatedly recalled. No better testimony to the

esteem which this hospital has gained in the district could be afforded than the support which it is continually receiving, and which it has again been accorded on this occasion, not alone from enthusiastic homœopathists, but from a considerable proportion of the general public, and the financial result of the recent concert cannot fail to add an amount of £50 or £60 to its income this year.

THE NORWICH HOMŒOPATHIC DISPENSARY.

We select two or three paragraphs from the Annual Report, 1894-95, which we quote with pleasure :—

"The results obtained by treatment, and the fact that, as is usual, aid has been afforded successfully in cases previously under treatment elsewhere, fully justifies the existence of the Dispensary, not only for the help of the sick poor, but also as affording an opportunity for demonstrating the value of the law of similars.

"About five hundred patients have been under treatment during the year, and, with few exceptions, have been of the class really needing such help.

"The thanks of the Committee are heartily given for the valued aid received from the Hospital Sunday Fund."

Dr. E. B. Roche is the Honorary Medical Officer.

PROMISES FOR ORIGINAL THERAPEUTIC NOTES OF RECENT CASES FOR 1896.

The following gentlemen have promised contributions to this department for 1896 :—Dr. Washington Epps; Dr. A. Midgley Cash, Torquay; Dr. Black, Torquay; Dr. Wingfield, Birmingham; Dr. Alexander H. Croucher, Eastbourne; Dr. Norman, Bath; Dr. Nicholson, Clifton; Dr. Byres Moir; Mr. Dudley Wright; Dr. Bird, Penarth; Dr. Barrow, Clifton; Dr. Nankivell, Bournemouth; Dr. McLachlan, Oxford; Dr. A. Spiers Alexander, Plymouth; Dr. Galley Blackley; Dr. Mackechnie, Bath; Dr. Neatby; Mr. Johnstone; Dr. Burns, Ramsgate; Dr. Clifton, Northampton; Dr. Frank Shaw, St. Leonards.

SANITARY SCIENCE.

We are interested to learn that our friend, Dr. Charles W. Hayward, of Liverpool, has obtained the Diploma of Public Health of the University of Cambridge, and that he intends to utilise the knowledge he possesses in his practice in Liverpool. We are not sorry to see men in our ranks going a little outside the routine of drug administration, and the development of the hygienic side of a physician's duty is one of which Hahnemann would have highly approved, as, indeed, he set the example in his day. We are glad, too, that "our friends the enemy" should see that acquaintance with modern medical sciences, such a D.P.H. must possess, does not cause him to lose confidence in the advanced therapeutics of homœopathy.

KEENE AND ASHWELL'S DIARY AND CASE-BOOK.

With the close of another year we have once more to call attention to this useful book which has been sent to us. It is compiled in the same manner as before—including a calendar, useful postal information, a complete and spacious diary, and nearly 200 pages suited for a case-book. The use of a book such as this would conduce to business-like habits—often conspicuously absent amongst medical men; and the facilities here afforded for careful case reporting leave no excuse to those who complain of having no time. The diary is interleaved with blotting-paper, and the writing paper is of exceptionally good quality.

CORRESPONDENCE.

AMENDMENT OF THE MEDICAL ACT.

To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—As pointed out by my letter in your November issue, Government have created a Medical Council and invested them with the function of determining the course of study and examination for qualification for medical practice; but they have reserved to the Privy Council power to check and supervise the acts of the Medical Council. This reservation shows that the Government had some impression that such supervision might possibly become necessary. This necessity would arise if the Privy Council were to be made aware that the Medical Council had failed to insist upon a *complete* course of study and examination.

Please allow me, through your pages, to elicit the opinion of our colleagues as to the best method to pursue in reference to the proposal made in my letter, viz., that it should be made a part of the "Materia Medica Course" that students shall be taught the homœopathic as well as the allopathic uses of those medicines that have been acknowledged by leading allopathic practitioners to have homœopathic uses, viz., *strophanthus*, in heart disease; *nitrate of uranium*, in diabetes; *bichromate of potash* and *arsenic*, in gastritis; *corrosive sublimate*, in dysentery; *ipecacuanha*, in vomiting; *arsenic*, in skin diseases and cholera; and many others, acknowledged by Ringer, Brunton, Fraser, Wood, and others.

Would it be better to appeal first to the Medical Council, and if they refuse favourable consideration, then to appeal to the Privy Council? Or would it be better to appeal to the Privy Council itself in the first instance?

My own opinion is that it would be best to petition the Medical Council first, and if they refuse favourable consideration, then to appeal to the medical members of Parliament; their parliamentary position will of course make them some-

somewhat judicial and disposed to listen to such a reasonable request, especially under a little pressure from any homœopathic members of their election committees. If unsuccessful in this quarter also, then, I think, we should enlist the advice and help of the homœopathic lay members of Parliament, and at the same time make arrangement for appeal to the Privy Council. It will be easy to show this body that this teaching would be altogether to the advantage of the student, the practitioner and the public, and that without it practitioners are not fully qualified for *medical* practice.

The medical members of Parliament and the members of the Medical Council would be likely to hesitate to offer strenuous opposition, for very shame of appearing to be afraid of the effect of such teaching. They could not plead that it would interfere with or obstruct the students' ordinary course, or be any hardship to them; nor could they show that medical studies and examination are already complete without it; it is a self-evident fact that they are not. It is also well known that this teaching is purposely and carefully avoided in the Medical Schools.

Yours truly, JOHN W. HAYWARD.

Shrewsbury Road, Birkenhead.

A HOMŒOPATHIC DIRECTORY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Believing, as I do, that the issue of a *Homœopathic Directory* is derogatory to the best interests of homœopathy, and of that section of the medical profession accepting its principles, I would suggest that those who hold a similar view, and who do not wish their names to appear in the 1896 issue, should send word to that effect to the publishers, as it is within my knowledge that the mere non-return of the circular is not sufficient. An amusing story is told by the advocates of the *Directory* to illustrate the great importance of its need. It is stated, in all seriousness, that owing to the absence from the *Directory* of the name of our Liverpool colleagues, an American gentleman landing in Liverpool, had, after enquiry of an allopathic chemist, and hearing that there were no homœopathic doctors in Liverpool, to come all the way to London to find one.

Do the advocates of the *Directory* propose to present a copy to each passenger landing from an American liner? If so that shows the true inwardness of the movement; or will they explain how its issue will supply a little common sense to a member of a nation noted as a general rule for its "cuteness."

We want a better reason than this for the issue of this publication.

I am, your obediently,

Nov. 16th, 1895. C. KNOX SHAW.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

AUTHORS and CONTRIBUTORS receiving proofs are requested to correct and return the same as early as possible to Dr. EDWIN A. NEATBY.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.—Hours of attendance: Medical, In-patients, 9.30; Out-patients, 2.30, daily; Surgical, Mondays, 2.30; Diseases of Women, Tuesdays, 2.30; Diseases of Skin, Thursdays, 2.30; Diseases of the Eye, Thursdays, 2.30; Diseases of the Ear, Saturdays, 2.30; Diseases of the Throat, Mondays, 2.30. Operations, Tuesdays, 2.30.

We regret that pressure on our space unavoidably prevents the insertion in the present issue of several interesting and important papers; at an early date, however, we hope to present these to our readers.

We are requested to state that Dr. GERALD MARCH, F.R.C.S. Ed., has commenced practice in Watford.

Communications have been received from Dr. E. GERALD MARCH (Watford); Dr. HUGHES (Brighton); Mr. KNOX SHAW, Dr. BURFORD, THE STANDARD MALT EXTRACT CO., Mr. DUDLEY WRIGHT (London); Dr. C. W. HAYWARD (Liverpool); Dr. BLACKLEY (Southport); Dr. ORD (Bournemouth); Dr. GIBBS BLAKE (Birmingham); Dr. HAYWARD (Birkenhead); Mr. JOHNSTONE (Richmond).

BOOKS RECEIVED.

The Homœopathic World. November. London.—*The Chemist and Druggist.* November. London.—*Medical Reprints.* November. London.—*The Nursing Record.* November. London.—*Calcutta Medical Journal.* September.—*The North American Journal of Homœopathy.* November. New York.—*The Homœopathic Eye, Ear and Throat Journal.* November. New York.—*The New York Medical Times.* November.—*The New England Medical Gazette.* October. Boston.—*The Hahnemannian Monthly.* November. Philadelphia.—*The Chironian.* October. New York.—*The Clinique.* October. Chicago.—*The Medical Century.* October-November. Chicago.—*The Medical Mission Herald.* October. Chicago.—*The Medical Argus.* October. Minneapolis. *The Homœopathic Magazine.* October. Minneapolis.—*Twenty-Ninth Annual Report of the Homœopathic Hospital, Peterborough.*—*Homœopathic Envoy.* November. Lancaster, Pensylvania.—*The Denver Journal of Homœopathy.* October.—*The Pacific Coast Journal of Homœopathy.* November. San Francisco.—*Revue Homœopathique Française.* October. Paris.—*Revue Homœopathique Belge.* July. Brussels.—*Bulletin Gén. de Thérapeutique.* November. Paris.—*The International Medicine.* October. Paris.—*Leipziger Populäre Zeitschrift für Homöopathie.* November. Leipzig.—*Rivista Omiopatica.* Barcelona.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, 19, Watergate, Grantham, Lincolnshire; Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. EDWIN A. NEATBY, 178, Haverstock Hill, N.W. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

SUPPLEMENT.

PATHOGENETIC SYMPTOMS OF DRUGS.

Compiled by J. W. HAYWARD, M.D.

THE EAR.

WHEN preparing the Ear chapter of the *Repertory*, I wrote out the ear symptoms contained in the *Cyclopædia of Drug Pathogenesy*, those in the *Materia Medica Pura* and the *Chronic Diseases* being already separated and to be referred to without trouble. The material of the *Cyclopædia* being in the narrative form, it is troublesome for the users of an Index to verify the symptoms referred to, and, as it is probable the matter of the *Cyclopædia* will not be schematised in our generation, by publishing the result of my work in the *Review*, as a Supplement, the users of the *Repertory* will be enabled to verify the *Cyclopædia* symptoms as easily as they now can those recorded in the *Materia Medica Pura* and the *Chronic Diseases*.

The following are the *Cyclopædia* ear symptoms *verbatim*, with the volume, the page and the line where they are to be found:—

ABIES NIGRA—abi.

Pain in left external meatus; heavy, slow beating of heart; dyspnœa, and, finally, sharp cutting pains in heart. Vol. I., page 2, l. 15.

ACONITUM NAPELLUS—aco.

Constant chilliness, or even coldness of whole body, especially feet and knees; occasionally when swallowing aching in right Eustachian tube; soreness and itching in tarsal edges, and bruised pain in various parts of the body. I., p. 77, l. 22.

Immediately after the dose, drawing in right side of nape; sensation as if something lay before ear; pressure in fauces; followed shortly afterwards by frequent fine stitches; aching and stoppage in left ear, as in catarrh. I., p. 78, l. 26.

Soon after the dose, palpitation of heart with great oppression; all day heaviness of head, giddiness; roaring in head and ears, increased by reading; he staggers as

if tipsy or as if he had had a violent contusion on head. I., p. 81, l. 47.

For the next two days after the dose, transient slight drawing shooting pains in left chest, left ear, and later in left knee-joint. I., p. 84, l. 32.

Heaviness of head, giddiness, tinnitus aurium, especially when yawning, which occurred frequently. I., p. 85, l. 9.

Slight burning in eyes, twitching, and vision of sparks: occasional roaring in ears, with sensitiveness to noise. I., p. 87, l. 16.

Two hours after the dose, roaring in left ear, recurring four times in the afternoon, lasting less than one minute. I., p. 89, l. 23.

Soon after the dose, pricking, burning in palate, throat, and along Eustachian tubes, increasing till noon, declining after noon, worse when walking in open air, accompanied by troublesome pain compounded of burning, itching, and shooting in both ears, relieved by eating, returning in evening with increased intensity. I., p. 91-2, l. 47, 3.

In evening, some acute stitches in right external meatus auditorius. I., p. 96, l. 40.

On walking about, vertigo, roaring in ears, great sensitiveness to light. I., p. 103, l. 37.

Head less painful and confused; rather dizzy and empty, as in drunken somnolence; exhaustion continues; on rising up, vertigo; flickering before eyes, roaring in ears, head, and faceache, nausea and such muscular weakness that he must lie down, else he would fall. I., p. 104, l. 47.

Giddiness, mist before eyes, look wandering; he had a constant humming, hissing noise in the ears until evening. I., p, 114, l. 3.

The *Materia Medica Pura*, vol. I., p. 31, has seven ear symptoms.

ACONITINUM—acn.

Fulness of head becomes more marked; there sets in ringing in ears and feeling of pressure there, giddiness and distraction. I., p. 118, l. 28.

Pupils dilated, pain in head and face, roaring in ears, weakness of muscles and difficulty of respiration. I., p. 119, l. 5.

Acute congestion of head, and therewith convulsions and stertorous breathing. M., then complained of deafness, and humming now in one, now in the other ear. IV., p. 473, l. 30.

AGARICUS MUSCARIUS—aga.

Heat of head; noise like distant roaring or ringing in ears, like a distant water-kettle beginning to boil. I., p. 140, l. 3.

Peculiar bubbling sound in right, frequently repeated. I., p. 141-2, l. 40, 50, 8.

Violent itching in left ear, causing her to bore into it, with tearing pains in left lower teeth and upper arm. I., 145, l. 24.

At night intolerable noise in both ears, like that of a spinning wheel, lasting several hours. I., 146, l. 9.

Deafness of left ear, as if something lay before it. I., p. 146, l. 12.

Roaring in left ear, with giddy stupefaction in head and pressing sensation on crown. I., p. 155, l. 4.

Heat of body as if sweat would break out, with roaring in left ear, frequent muscular twitching in left calf, cramp-like pains now on the anterior aspect of thigh (above left knee), now in muscles of left leg, now in interior of left ear. I., p. 155, l. 26.

Tickling itching in left ear lobe and external meatus (going off by boring finger in), cracking in both ears during empty deglutition. I., p. 155, l. 36.

On awaking at 4.30 a.m., a smarting sensation in tip of tongue as from pepper, followed by a tickling itching spreading from the faucial orifice of the right Eustachian tube to interior of ear, lasting eight or ten seconds and alternating with loud ringing in left ear. In addition, every time he attempted to swallow a creak in both ears as from a wooden screw. I., p. 156, l. 50.

Frequent clapping jerking in interior of right tympanic cavity; jerking of tensor tympani, with a sound such as is made by a metallic valve covered with leather, when it is set in motion. I., p. 158, l. 20.

On awaking at 5.0 a.m. itching in left meatus, with a prick in interior of ear as with an icy cold needle. I., p. 159, l. 22.

After dinner frequent twitching, clapping, or fluttering in tympanic cavity of right ear. Jerking of tensor

tympani, and twitching in left abdominal muscles, and the well-known pricking as from splinters pushed in, now in left meatus, left cheek, right upper lip, point of chin and other parts; sometimes alternating with these, severe frequent muscular jumpings in the ears and other parts. I., p. 159, l. 33.

After dinner restlessness in lower jaw and lips, with fine trembling movement and frequent twitchings on and in right concha, and twitching jerks in interior of right ear. I., p. 160, l. 10.

Roaring in ears, sometimes in right, sometimes in left. I., p. 162, l. 18.

When lying, noise in right ear, like the intermittent noise of a locomotive, going off on rising up, recurring on lying down again; it changed into the sound of a nail being knocked into a board at some distance. I., p. 163, l. 22.

Acute shoots in left meatus, followed by twitching movement in left canthus of eye. I., p. 166, l. 22.

Pains in both sides of sacrum in evening, rendering walking uncomfortable, at same time tearing pain in right ear. I., p. 168, l. 8.

Some transient acute pricks from fauces along Eustachian tube towards right ear. I., p. 174, l. 6.

Peculiar dryness of palate, especially felt when swallowing, with occasional stitches in right ear and right parotid gland. I., p. 174, l. 6.

When writing, a noise in left ear like a distant bell. I., p. 187, l. 3.

HAHNEMANN'S *Chronic Diseases* contains eleven ear symptoms.

ALCOHOL SULPHURIS—al-s.

(*carboneum sulphuratum.*)

Stitching pain and sensation as if stopped up in left ear, frontal headache, pressure in stomach and flatulence, and pricking feeling in various parts of the skin. II., p. 30, l. 21.

Fine, sticking, burning pain in left spermatic cord, running deep into abdomen, and stitches in left ear. II., p. 31, l. 24.

Nose stopped up, ringing in ears, lasting several days. II., p. 33, l. 9.

After dinner single stitches in right ear, recurring at

intervals of quarter-hour; pressive frontal headache, with hot feeling for two hours; lachrymation when reading. II., p. 34, l. 32.

Pressive pain in right ear repeatedly, as if a blunt instrument were roughly struck against the drum head. II., p. 34, l. 48.

Single pricks in ear. II., p. 35, l. 28.

Boring in right ear. II., p. 35, l. 30.

Scraping, rough pain (as from a foreign body) in left side of throat, extending to left ear when swallowing. II., p. 35, l. 48.

Fine jerking stitches in left ear. II., p. 36, l. 4.

Humming noise in left ear, extending to back of head. II., p. 38, l. 14.

After dinner one day and during dinner next day, left ear felt deaf, as if obstructed by a thick substance. II., p. 38, l. 17.

Noise like gusts of wind through hollow tube, coryza, herpetic eruption on upper lip; the catarrh gradually declined, but the tinnitus continued, varying and intermitting for months. II., p. 38, l. 27.

His hearing was so affected that in a week after having been exposed to the emanations he was so deaf that persons had to shout into his ears. This deafness disappeared spontaneously after a time. II., p. 38, l. 34.

ALLIUM CEPA—a-cp.

Ringing in ears now and then as from distant sounds, mostly in best ear. I., p. 213, l. 49.

Pain in the throat and about root of tongue, passing into ears. I., p. 213, l. 6., p. 216, l. 5.

Roaring in left ear, as heretofore only after a cold. I., p. 214, l. 45.

Stitches in whole of left side of forehead; drawing into ear, upper jaw and teeth of same side, with great dryness in both nostrils, there collects in the fauces much thick, white, frothy, tasteless mucus. I., p. 215, l. 32.

ALOE—alo.

Attacks of vertigo; drawing shooting pains in left inner ear, afterwards also in the right. I., p. 226, l. 42.

When just in bed, sudden and clashing explosion in left ear, like the breaking of glass; the noise seems deep in the head, whence it goes towards the right ear. I., p. 229, l. 31.

ALUMEN—aln.

Ringing in right ear; urging to stool, with much borborygmus; cough during exercise. I., p. 235, l. 9.

AMYL NITROSUM—aml.

Face flushed; strong throbbing in ears; conjunctivæ bloodshot; muscular tremor of arms; involuntary coughing. I., p. 255, l. 11.

Feeling of intense fulness in head, with violent throbbing in ears; face scarlet; slight perspiration on forehead; slight dyspnœa, with inclination to cough. I., p, 255, l. 18.

Sensation of a piston working up and down in ears, with head symptoms and cough. I., p. 256, l. 30.

APIS—aps.

Pain in interior of right ear. I., p. 312, l. 28.

Desire to urinate; singing in right ear; much mucus in throat; itching at intervals. I., p. 317, l. 1.

Itching in ears, coming on at intervals; this afterwards extended to the glands inside the mouth and near root of tongue. I., p. 321, l. 39.

Burning in upper part of left ear. I., p. 311, l. 17.

APOCYNUM CANNABINUM—apo.

Soon after singing, partial deafness in left ear for an hour, with occasional stitches there. I., p. 325, l. 35.

Shooting pain in right ear for an hour; burning in stomach with uneasiness. I., p. 325, l. 32.

On rising in the morning, ringing in right ear; very marked piercing pain in right temple, followed by vertigo. I., p. 328, l. 15.

ARGENTUM—arg.

Painful drawing in the depression behind the left ear-lobe, recurring at short intervals. I., p. 340, l. 13.

At noon, recurrence of the painful drawing behind left ear-lobe, recurred at intervals, with increased heat of external concha and itching of lobe, inviting scratching. I., p. 340, l. 23.

Two uncommonly severe stitches from without inwards in the depression behind the left ear-lobe. I., p. 343, l. 10.

Itching, crawling in faucial opening of right Eustachian tube, extending to membrana tympani, lasting ten seconds. I., p. 346, l. 22.

HAHNEMANN'S *Materia Medica Pura* contains five ear symptoms.

ARNICA—arn.

All afternoon, headache and confusion of head, with slight singing in right ear. I., p. 384, l. 39.

Itching of face and ears. I., p. 387, l. 15.

HAHNEMANN'S *Materia Medica Pura* contains fourteen ear symptoms.

ARSENICUM—ars.

Ringing in ears and sensation of faintness. I., p. 477, l. 1.

Occasional humming in ears. I., p. 477, l. 44.

HAHNEMANN'S *Materia Medica Pura* contains seventeen ear symptoms and *Chronic Diseases* twenty.

ARSENICUM RUBRUM—ar-r.

Sensation of fulness and pressure outwards in ears, now in one, then in the other; snapping sound, synchronous with pulsation of temporal arteries. Scarlet redness and burning heat of upper half of ear; tingling, similar to that produced by frost-bite. IV., p. 506, l. 8-10.

ARUM—aru.

Half an hour after breakfast a shooting pain in right ear, transient, but frequent, leaving a feeling of fulness and slight aching in the middle ear. After two hours an accumulation of mucus in throat and a disposition to swallow and cough, with feeling of warmth and fulness in left middle ear, similar to that in the right, but without the shooting pain. After twenty minutes the symptoms had changed sides—the warmth and fulness were in the right side and the left was normal. These symptoms are removed by swallowing. He is satisfied that the throat and ear symptoms, with the exception of the soreness, are owing to excess of mucus in the throat, larynx and Eustachian tubes. I., p. 426, l. 3, 18; p. 427, l. 26.

ASAFŒTIDA—asa.

Repeated short drawing in both external meatus auditorii. I., p. 482, l. 6.

Clear ringing in ear. I., p. 482, l. 7.

Great heat in cheeks, also in ears, which burn and are red: muscæ volitantes. I., p. 483, l. 52.

Drawing and shooting round about left ear repeatedly. I., p. 484, l. 20.

AURUM—aur.

Burning, pricking, and itching behind the ears, and oozing there, forming scabs. I., p. 497, l. 1.

Burning and darting in ears. I., p. 497, l. 1.

Buzzing, hissing and ticking sounds in ears, diminished hearing. I., p. 497, l. 2.

Shooting pain in left ear. I., p. 499, l. 10.

Drawing pain in right ear. I., p. 499, l. 11.

Left ear feels as if a plug were in it. I., p. 499, l. 11.

On rising in the morning tearing pain beginning above left eye, and extending to right ear, out of which it seems to go. The pain was so violent that she had to lie down, when the pain at once ceased. I., p. 500, l. 22.

Stitches deep in ear. I., p. 506, l. 21.

Sensation of deafness. I., p. 509, l. 30.

HAHNEMANN'S *Materia Medica Pura* contains four ear symptoms.

BARIUM MURIATICUM—ba-m.

Pain in stomach and hypogastrium, lightness of head, singing in ears, twitching of face and of legs and arms. I., p. 521, l. 28.

Catarrh of eyes, ears and nose, and inflammation of skin. I. p. 522, l. 29.

HAHNEMANN'S *Chronic Diseases* contains twenty-four ear symptoms.

BELLADONNA—bel.

Along with derangement of mind, brain, sight and urinary organs, there was ringing in the ears with sleepiness. I., p. 527, l. 40.

At noon slight humming in ears, flickering before sight, and twitching in left upper eye-lid. I., p. 532, l. 1.

Shooting, extending from superior maxilla into internal ear. HUGHES, in *Mat. Med. of Hahnemann Publishing Society.*

Hallucinations of the sense of hearing consisting of various sounds—roaring, &c.—recurring frequently. HUGHES.

Occasional disturbances of hearing, as singing in ears. HUGHES.

Perceptions of noises, tinkling sounds as of bells. HUGHES.

Ringing in ears. HUGHES.

He can neither hear nor speak properly. HUGHES.

Increased sensibility of hearing, and hallucinations of this sense. HUGHES.

He frequently through the forenoon thought there were persons in the room talking to him, and would carry on a conversation with these imaginary beings. HUGHES.

HAHNEMANN'S *Materia Medica Pura* contains sixteen ear symptoms.

BERBERIS—ber.

Great heat in left outer ear, then after an hour and half great coldness of same and of temple. I., p. 576, l. 15.

Stitches in both ears. I., p. 576, l. 16.

BROMIUM—bro.

Roaring in ears, with throat and chest symptoms. I., p. 591, l. 40.

Stitches deep in right ear with heat of whole ear, much ropy white mucus and lumps of coherent yellow mucus in both nostrils; great sensitiveness of head to cold air. I., p. 592, l. 48.

Roaring in ears with pinching and itching in larynx. I., p. 573, l. 3.

Shooting in right ear; scraping and shooting in throat. I., p. 593, l. 37.

Shooting in larynx and deep in left ear; raw feeling in throat. I., p. 596, l. 31.

Obtuse pain deep in right ear. I., p. 597, l. 18.

BRYONIA—by.

Loud ringing in ears, accompanying a rheumatic febrile attack. I., p. 622, l. 9.

Deafness of left ear as if stopped up, accompanying a rheumatic febrile attack and tonsilitis. I., p. 623, l. 37.

Deafness of left ear as if stopped up, accompanying a rheumatic febrile attack, with roaring noise in it. I., p. 625, l. 5.

After dinner dryness of palate, distension of abdomen, nausea; afternoon, great lassitude, ringing in ears with impaired hearing for two hours. I., p. 635, l. 6.

Pressive pain in right tonsil on swallowing and stitches in right ear. I., p. 636, l, 23.

Over-sensitive hearing and hissing in left ear, nausea, and some pressive pain in left temple and confusion of head. I., p. 636, l. 36.

Humming in ears suddenly. I., p. 639, l. 8.

At noon severe shooting pain for quarter of an hour in right external auditory meatus. I., p, 640, l. 38.

Shooting pain in ears with shooting pressive pain in right supra-orbital region, and accumulation of mucus in posterior nares, difficult to detach. I., p. 640, l. 43.

Noise in left ear as of water pouring over a dam, with dryness and smarting in pharynx, beating in head and disposition to sigh. I., p. 645, l. 12.

For two hours roaring in right ear, with watery discharge from right nostril. I., p. 645, l. 23.

Head feels light (although there was weight on vertex), with constant wabbling in both ears; thirst for cold water. I., p. 645, l. 45.

HAHNEMANN'S *Materia Medica Pura* contains eight ear symptoms.

CACTUS—cac.

Noise in ears like the rushing of a river, lasting all night, with diminished hearing and with pulsations in temples, and some feverishness. I., p. 655, l. 18.

Pulsation in both ears preventing sleep, with tightness in chest and oppressed breathing. I., p. 655, l. 34.

CALCAREA CARBONICA—ca-c.

Stitches behind left ear, and sore throat on swallowing. I., p. 667, l. 12.

HAHNEMANN'S *Chronic Diseases* contains forty-seven ear symptoms.

CALCAREA CAUSTICA—c-cs.

Immediately, violent shooting tearing pain in left Eustachian tube, extending to meatus auditorius externus. I., p. 669, l. 13.

Violent shooting out-pressing pain in interior of left ear. I., p. 669, l. 36.

Head confused, with pressure in forehead and flying stitches in temples; dull pain in both ears. I., p. 670, l. 6.

Cramp-like shooting pain in left ear to opening of Eustachian tube. I., p. 670, l. 22.

Every night at 2 a.m. violent toothache as though teeth were furry and too large; also tensive pain in left ear as though something were in it. I., p. 670, l. 31.

Eruption of small vesicles filled with lymph and surrounded with a red areola, on chest and neck and behind ears. I., p. 671, l. 15.

Tearing in left elbow-joint and through interior of both ears. I., p. 673, l. 2.

Tearing in right mastoid and in joints of extremities; smarting vesicles filled with lymph on various parts of body. I., p. 673.

Cannabis Sativa—can.

Vertigo, confused head, headache, tinnitus aurium, pale face, dryness of mouth, viscid mucus in throat, and general debility. I., p. 707, l. 30.

Loud hissing in ears, palpitation, general stiffness. I., p. 712, l. 11.

Could hear an intense noise as of a great bell. I., p. 712, l. 17.

The cathedral clock striking, at first beats he complains that it has been ringing very long. Complains thus at each stroke of the clock; torpor. I., p. 713, l. 33.

Hahnemann's *Materia Medica Pura* contains 11 ear symptoms.

Cannabis Indica—cn-i.

Buzzing in right ear. I., p. 715, l. 25.

Pain and singing in left ear. I., p. 727, l. 25.

Boring pain in right ear. I., p. 728, l. 5.

Boring pain immediately above and behind right ear. I., p. 728, l. 12.

Near sounds seem to come from an enormous distance. I., p. 729, l. 23.

Sounds, however low, vibrated and resounded like rolling thunder. I., p. 732, l. 46.

Cantharis—cth.

Ringing and humming in both ears. II., p. 5, l. 1.

Hot vapour issues frequently from the two ears alternately. II., p. 6, l. 19.

Frequent painful tearing in right mastoid process below ear, as with a knife, not disappearing on rubbing; with frontal headache as from a weight there. II., p. 6, l. 20.

Has increased drumming in ears. II., p. 14, l. 49.

CARBO VEGETABILIS—cb-v.

Cervical glands behind left ear enlarged, sensation as if meatus were swollen and sore, followed next day by sensation as if meatus were closed up, and on the twelfth day discharge from ear. II., p. 25, l. 9.

At noon transient roaring in left ear, followed by ringing in right, with chilliness. II., p. 27, l. 15.

HAHNEMANN'S *Materia Medica Pura* contains fourteen ear symptoms; and his *Chronic Diseases* contains twenty-three more.

CARBOLICUM ACIDUM—ca-x.

Tinnitus aurium, with unimpaired hearing; some head symptoms. I., p. 7, l. 31.

Roaring in ears with stupefaction, warmth at epigastrium and some formication in extremities. I., p. 8, l. 6.

Transient recurrent pressing pain in left ear with headache. I., p. 743, l. 48.

Beating pain with humming in both ears. I., p. 743, l. 55.

Giddiness, singing in ears, clammy skin, taste of acid in mouth. IV., p. 467, l. 9.

CHAMOMILLA—cha.

Slight confusion of head, with transient painful pressure on eyes; repeated stitches and transient spasmodic feeling in tragus of right ear, sometimes extending into meatus. II., p. 53, l. 5.

Stitches from tongue to meatus auditorius, with toothache and feeling as if teeth of both jaws were filled with lead. II., p. 54, l. 41.

Stitches in right maxillary joint; roaring in ears, heat of head and face, tension and pressure in pharynx and uvula. II., p. 55, l. 45.

Sharp stitches in right meatus auditorius, toothache relieved by cold water, a feeling of fulness of nose as if it were stopped up. II., p. 56, l. 42.

Stitches in meatus auditorius, increased saliva, with feeling of pressure in parotids. II., p. 67, l. 20.

HAHNEMANN'S *Materia Medica Pura* contains seven ear symptoms.

CHELIDONIUM—chd.

Pain in left meatus auditorius, ears as if stopped up, drawing pain in upper and under l. molars, burning in

mucous membrane of nose towards tip as in coryza. II., p. 65, l. 40.

Pricking pain in left meatus auditorius, pressing in larynx; and a slight pricking in tonsils during empty deglutition. II., p. 72, l. 14.

Humming in ears, which seem as if stopped up. Dryness and sense of constriction in throat, forcing her to swallow; swallowing difficult. II., p. 74, l. 6.

Singing and ringing in ears. II., p. 75, l. 7.

Shooting in ears, and burning pain in larynx. II., p. 88, l. 33.

Itching sensation in meatus auditorius, first one and then the other, with burning in eyes; lips dry, brittle and crusty. II., p. 97, l. 14.

Pricking pain in right meatus auditorius and upper part of forehead. II., p. 97, l. 28.

Noise in ears and hardness of hearing for some weeks. II., p. 97, l. 32.

Ringing in ears; burning in left ear, whilst right is quite cold. II., p. 99, l. 5.

Itching in left ear; viscid earwax of whitish color, like flour paste, followed after four hours by burning in left ear whilst right is cold. I., p. 99, l. 21.

Repeated drawing in teeth of left side, extending into left meatus auditorius. II., p. 103, l. 21.

Periodical toothache; in afternoon frequent tearings from right ear into right teeth. II., p. 104, l. 18.

Hoarse roaring in ears, like a distant storm of wind. II., p. 108, l. 38.

HAHNEMANN'S *Materia Medica Pura* contains eight ear symptoms.

CHININUM MURIATICUM—ch. m.

About an hour after rising there occurs for about half an hour singing and buzzing in ears; after their cessation, shooting pains in right meatus lasting all day, as did also the supra-orbital pain which comes on in the morning. II., p. 739, l. 46.

He frequently had roaring in ears and itching of skin of back. II., p. 743, l. 28.

CHININUM SULPHURICUM—ch. s.

With burning face, giddiness, ringing and roaring in ears, sparks and flashes before eyes, frequent and strong

pulse. Next day frequent breaking up and down of wind, occasional roaring in ears, with transient deafness and dull headache. II., p. 122. l. 39.

Roaring in ears and intense heat of skin all over, with deafness; followed by perspiration, tipsy feeling. II., p. 131, l. 20.

Great roaring in ears, weakness, fatigue, pale face, pulse slightly quickened. II., p. 132, l. 21.

Buzzing in right ear, spreading through head. II., p. 133, l. 5.

Swimming in head and ringing in ears; fell forwards on a table in the room; recovered in a few minutes, with head full and heavy. II., p. 133, l. 17.

Light hollow feeling in head; memory confused; frightful dreams; constant ringing, hissing sounds in ears, intensely acid stomach for four days and distress in epigastrium; great weakness and weariness of arms and legs. II., p. 133, l. 29.

Ringing in ears, with sensation as if stopped up. II., p. 133, l, 37.

Tinnitus, stunned feeling, vertigo and horrible vomitings, followed by delirium, giddiness and blindness and deafness. II., p. 138, l. 49.

Buzzing and whistling in ears, with vertigo. *Cinchoninum.* II., p. 152, l. 5.

In left ear sensation and noise like that made by grasshoppers, followed by sleepiness. *Chininum arsenicosum.* II., p. 152, l. 33.

Cinnabaris—cnb.

Rush of blood to back part of head, attended with violent itching and heat extending to each ear; and behind left ear there came three hard bumps, one the size of a small shot, the other that of a buckshot, and the last a size larger. III., p. 284, l. 17.

For a short time pain and sensation of fulness in meatus of left ear. III., p. 287, l. 44.

Aching in both ears, lasting about fifteen minutes. III., p. 290, l. 47.

Rushing sound in ears, and deafness. III., p. 291, l. 37.

Noise in ears after eating. III., p. 292, l. 25.

Clematis—cle.

Drawing in right ear, cheek and neck, with occasional ringing in ear; pulse increased by sixteen beats. II., p. 246, l. 21.

Burning pain in both external ears, with heat perceptible to touch; some coryza and frequent sneezing, and dull toothache in hollow tooth. II., p. 258, l. 20.

Headache all over, with noises in ears. II., p. 259, l. 3.

Hahnemann's *Chronic Diseases* contains three ear symptoms.

Coccus Cacti—ccs.

Bitter taste, hardness of hearing as though ears were stopped up with cotton; cold feeling in occiput, as if blown upon. II., p. 283, l. 38.

Voluptuous tickling in both ears extending from external meatus through inner ear to buccal cavity, for 15 seconds, with flow of tasteless saliva. II., p. 285, l. 27.

Intolerable itching in left meatus externus, not relieved by boring finger in; great roaring in left ear like a storm in an exposed forest. II., p. 286, l. 9.

After dinner pain in right parotid gland, followed by similar pain in right sublingual gland with much increase of saliva; painful drawing in interior of right ear, followed by continued pressure, tensive pain in left mastoid process; simmering noise in left ear; sore pain between left eye and lid as if a hair had got into the eye. II., p. 286, l. 21.

When walking in open air intolerable itching and smarting, now in right now in left anti-tragus, followed by painful cramp like drawing in interior ofleft ear. II., p. 286, l. 40.

Shrill ringing in interior of left ear, with bruised pain round left external ear, especially in mastoid process. II., p. 286, l. 45.

Throbbing pain synchronous with pricks in interior of left ear; cracking in it when swallowing; feeling as if ear were stopped up without affecting hearing, accompanied by pressive, tensive pain in left mastoid process; feeling of liquid wax escaping. II., p. 287, l. 33.

Left ear felt as if stopped up and hearing was impaired. II., p. 288, l. 8.

In afternoon tickling and itching in left meatus auditorius, frequently recurring till evening along with pressure in concha, followed after two days by continued stopped up feeling in both ears, with pressing forcing in meatus auditorius. II., p. 295, l. 26.

Immediately after the dose drawing in right meatus auditorius, and sometimes in left, lasting all evening. II., p. 297, l. 12.

COFFEA—cof.

In her head she feels as if its contents went slowly round, first in one direction and then in another; and along with this there is continual ringing in the ears. Every movement of the head aggravates this. She is painfully affected by every step, and every word spoken by others; she feels best when absolutely quiet. II., p. 309, l. 6.

Scarcely a day passes without some uneasiness or deranged sensation in the head, such as roaring, buzzing and singing in his ears, sounds of pounding or bell ringing in the distance, swimming or vertiginous, muscæ volitantes, &c. II., p. 311, l. 6.

COLCHICUM—cch.

Earache, then pricking in interior of ear, as with fine needles; pricking shooting in left ear. II., p. 317, l. 38.

Squeezing pain in ears; on making a few steps in the room ears feel stopped up, and tinnitus. II., p. 320, l. 4.

Tearing pain in orifice of right ear. II., p. 32, l. 5.

Ringing in right ear, with nervous, febrile and rheumatic symptoms. II., p. 323, l. 23.

Flying stitches in left ear. II., p. 328, l. 1.

Pain at top of crown, like boring into head; there was from nape up over occiput and in ears a dull drawing pain. II., p. 331, l. 2.

Great roaring in right ear; tearing in head, especially forehead, and tearing and stitching in other parts; stomach feels as if she had eaten too much. II., p. 332, l. 38.

Roaring in ears; every noise causes a disagreeable sensation, with involuntary starting; with head and eye symptoms. II., p. 333, l. 14.

The most extraordinary noises distress his ears. II., p. 334, l. 9.

COLOCYNTHIS—col.

Constant ringing in right ear; drawing in upper right teeth. II., p. 347, l. 47.

Frequent, loud, and long-continued ringing in ears. II., p. 351, l. 46.

Transient deafness—at least he heard everything accompanied by a roaring noise, nothing seemed to him to have its proper sound; with giddiness and stomach-ache. II., p. 361. l. 29.

HAHNEMANN'S *Materia Medica Pura* contains five ear symptoms.

CROCUS—cro.

Cramplike drawing in concha, like otalgia. II., p. 406, l. 8.

After lying down in bed, sounds in left ear as of bells ringing at a distance, heard on stopping up ear entirely. II., p. 406, l. 10.

CROTALUS—crt.

Sensation as if right ear were stopped up, and drawing in interior of both ears, worse in right, with heat and sensation as if cerumen were passing through Eustachian tubes into mouth. II., p. 412, l. 38.

Hot tingling sensation in both ears. II., p. 412, l. 20.

Painful drawing in right ear, with sensation of heat in it. II., p. 412, l. 41.

Heat in right ear, and bruised feeling in lobes. II., p. 412, l. 42.

Drawing in right ear, with painfulness of whole left side of head, and paralysed feeling of lower jaw bone. II., p. 412, l. 43.

Along with great irritability of temper and various hæmorrhages, she was very sensitive to noises, such as the crumpling of paper and slamming of doors. *Materia Medica, Physiological and Applied*, p. 273.

During the evening frequent tickling deep in right meatus. *Ibid.*

Blood issues from ears, eyes and nose, and from stomach with the matters vomited. *Ibid.*

Along with illusions of sight, asked frequently if it were not raining, although the evening was calm and clear. *Ibid.*

CROTON—ctn.

Spasmodic aching deep in left ear. II., p. 450, l. 29.

Aching in left ear. II., p. 454, l. 32.

In the morning frequent cough with mucous expectoration; head confused, right side especially, with pressure down from crown; hears worse with right ear. II., p. 455, l. 13.

CURARE—woo.

Ringing in ears, several times and at different hours; and sometimes prolonged and metallic. II., p. 491, l. 8.

CYCLAMEN—cyc.

Noise in ears. II., p. 495, l. 4.

Noise in ears whilst walking. II., p. 498, l. 45.

HAHNEMANN'S *Materia Medica Pura* contains three ear symptoms.

DIGITALIS—dig.

Head congested, with rushing and tinkling sounds in ears. II., p. 507, l. 7.

Headache and vertigo, also noises in ears, dimness of vision and hiccough, with anæmia, and miserable appearance. II., p, 520, l. 29.

Loss of appetite, loathing of food, nausea, vomiting and constipation, tinnitus aurium and vertigo, and sense of thick cloud before eyes. II., p. 520, l. 43.

Pulse scarcely to be felt; sleeplessness; frequent vomiting of greenish thick matter; general numbness; face very pale, greenish and livid, with redness over malar bones; look of extreme exhaustion; severe headache; vertigo, and noises in ears; scarcely able to see surrounding objects; pupils dilated and inactive; extreme malaise, referred especially to epigastrium, causing frequent sighing. II., p. 521, l. 5.

Fulness in ears as if they were suddenly stopped up, with flushing of face, especially after excitement. *Materia Medica, Physiological and Applied*, p. 436.

Pulsations in ears, especially left, with palpitation of heart, at night when lying on left side. *Ibid.*

A sudden cracking crash in the head during the siesta, with frightful start. *Ibid.*

Sensation as if ears were contracted internally; pulse heard in them; hearing good. Hissing sound as of boiling water in both ears. *Ibid.*

HAHNEMANN'S *Materia Medica Pura* contains four ear symptoms.

DUBOISINUM—dub.

A dull feeling in left ear as of water in it. IV., p. 570, l. 3.

Aching in ears, one or other. IV., p. 570, l. 5.

Ringing in ears, especially right; it comes on suddenly. IV., p. 572, l. 28.

ERYTHROXYLON (coca)—ery.

Whilst writing, letters seemed to swim together on the paper, and he seemed to be using two pens; feeling gradually came on as of knocking above eyes; great tingling in ears. After two hours of severe headache, sensation of dryness in throat; great humming in ears; vision now clear. After another two hours headache better, but still heaviness in head and ringing in ears. On a subsequent occasion same symptoms with some deafness. II., p. 264, l. 48.

Peculiar rushing noise in ears, with strong febrile excitement. II., p. 268, l. 13.

EUPHRASIA—eup.

Lachrymation, bubbling in ears and pulsation in throat. II., p. 562, l. 32.

Shooting in ear, evening. II., p. 563, l. 32.

HAHNEMANN'S *Materia Medica Pura* contains two ear symptoms.

FERRUM PHOSPHATICUM—f-ph.

Aching sticking in right ear. II., p. 571, l. 32.

Sticking in right ear, as if a large pointed stick were lodged deeply therein, extending as a dull headache over that side. II., p. 571, l. 51.

GAMBOGIA—gam.

Violent tearing deep in ears, evening. II., p. 580, l. 23.

Violent shooting in both ears. II., p. 580, l. 23.

Throbbing pain in left ear, as from an abscess. II., p. 580, l. 23.

Humming in ears frequently, afternoon and evening, always going off after a sensation as if membrana tympani burst. II., p. 580, l. 24.

Frequent noises in ear, morning. II., p. 580, l. 24.

GELSEMIUM—gel.

Till four p.m. disturbance of sight was great, mind listless and incapable of reflection, with dull (not severe) headache all day, and digging in right ear all afternoon. II., p. 590, l. 21.

GLONOIN—glo.

Evident congestion of brain, irregular contraction of the heart and symptoms of syncope, making the patient sit down; then partial obstruction of sight, and deafness. II., p. 613, l. 16.

Uncertainty as to where he was, with loud, rushing noises in ears, like steam passing out of a tea-kettle, and feeling of contraction about lower part of neck, as if coat were buttoned too tightly; forehead wet with perspiration, and frequent yawning. II., p. 614, l. 44.

Occasional shooting in ears, with great pressure in temples, with confusion of head alternating with pressing tensive pain in temples and sometimes in occiput and ears. II., p. 618, l. 41.

HAMAMELIS—ham.

Headache, burning in right ear, with rawness in throat and fauces. II., p. 632, l. 15.

Itching in left ear and on covered parts of body. II., p. 632, l. 32.

HELLEBORUS—hel.

Along with symptoms of cerebral congestion roaring and tinnitus aurium, with moderate dilatation of pupils; and in one prover the sight was clearer. II., p. 641, l. 15.

HAHNEMANN'S *Materia Medica Pura* contains four ear symptoms.

HYDRASTIS—hdr.

On waking at night (habitual) whizzing noise in ears, and crick in left elbow and fingers. II., p. 650, l. 28.

Roaring in ears. II., p. 650, l. 30.

HYDROCOTYLE—hyd.

Tinnitus aurium; beatings in right ear. II., p. 653, l. 19.

Pretty sharp pain in left meatus auditorius. II., p. 653, l. 20.

HYOSCYAMUS—hyo.

Along with contractive and throbbing headache and contracted pupils, transient dull pain in ears, especially left. II., p. 662, l. 8.

HAHNEMANN'S *Materia Medica Pura* contains four ear symptoms.

IODOFORMUM—iof.

Stitching pain in right side of throat and in right ear. III., p. 1, l. 11.

Stitching pains in head and left ear. III., p. 2, l. 1.

Dull pain in forehead and shooting in right ear, always worse when descending stairs. III., p. 2, l. 15.

JUGLANS—jug.

Aching with feeling of fulness in right ear, followed in two days by same symptoms in left, and afterwards discharge of pus from both ears. External part of right ear was very much inflamed and had two large and painful sores on it. III., p. 44, l. 53.

KALI BICHROMICUM—k-bi.

Sudden jerking pain in left ear; cold feeling in a small spot in meatus of left ear. II., p. 165, l. 17.

Waked in the morning by itching of lobe of right ear; flapping and singing in ears; loss of appetite; offensive taste (with nausea and salivation); languor and disinclination for exertion. II., p. 167, l. 1.

Headache, associated with pressing pain in eyes and frequent severe tearing in ears; later, frontal headache with ringing and pain in ears. II., p. 176, l. 43.

Eyes aglutinated in the morning; eyelids painful to touch, lachrymation; troublesome itching of nose the whole day; itching in nostrils increased by rubbing; several transient and severe stitches in left ear; transient drawing and tearing in various joints and limbs, also in lower molar teeth. II., p. 183, l. 32.

External meatus, especially left, somewhat tender and obstructed. II., p. 198, l. 34.

Obstruction of right ear, and burning of concha. II., p. 198, l. 45.

Slow drawing stitch through meatus of right ear; later, buzzing in whole head as from a distant noise. II., p. 200, l. 32.

Dull pain in nasal bones at noon; flying painful stitch in right ear. II., p. 201, l. 40.

Twice a dull stitch, whilst walking, through external meatus to interior of right ear. II., p. 202, l. 16.

A swelling of inflammatory type appeared at external meatus of left ear, more troublesome than painful; it disappeared gradually within four days. II., p. 204, l. 4.

Tinnitus aurium, lasting for several days. II., p. 204, l. 21.

Stitches in internal right ear. *Materia Medica, Physiological and Applied*, p. 483.

Singing and humming in ears, which continued for three days incessantly. *Ibid.*

KREOSOTUM—kre.

Frequent out-pressing or dull shooting pain; and also singing in ears, with headache, confusion and vertigo. III., p. 174, l. 29.

LACHESIS—lah.

Beating roaring in the morning on awaking in the right ear, in very frequent attacks; it disappears on shaking finger in ear, but soon returns. III., p. 87, l. 16.

Pain in small spot, when touched, in petrous bone behind ear. III., p. 90., l. 32.

Contractive pain deep within left ear; on inserting ear spoon it is painful as if swollen. III., p. 90, l. 34.

LACTUCA—la-v.

Dull shoots; and afterwards tension in left ear. III., p. 108, l. 8.

Humming in ears, in bed. III., p. 109, l. 9.

Slight roaring and sense of fulness in head and ears. III., p. 112, l. 37.

LITHIUM—lth.

Pain in bone behind left ear, extending towards neck. III., p. 139, l. 33.

Pain in right ear, with fulness in temple, lasting the whole afternoon and evening. III., p. 140, l. 44.

LOBELIA—lob.

Aching in left ear. III., p. 142, l. 18.

Pain shooting into left ear from spot in throat about one inch to left of larynx on level with last cartilage. III., p. 142, l. 19.

Drawing pain from right side of throat upwards to ear. III., p. 142, l. 33.

Pain in both mastoid processes; first in left, but worst in right. III., p. 150, l. 20.

LYCOPODIUM—lyc.

Burning in face and ears like fire. III., p. 165, l. 10.

Continued pain in belly, humming in ears, dryness of nose; sleepiness. III., p. 166, l. 11.

Rigor, originating in nape and arms; icy coldness of ears, lasting two hours. III., p. 166, l. 27.

Tinnitus in right ear, every sound seems to reverberate in its depths. III., p. 167, l. 14.

Shooting pains in the ear, frontal headache and heat of face. III., p. 168, l. 6.

At one p.m. frontal headache and heat of face; roaring in ears; giddiness. III., p. 169, l. 40.

Sensation of scraping in ear. III., p. 170, l. 33.

In afternoon slight roaring in ears, nausea, inclination to vomit, and distension of abdomen. III., p. 172, l. 45.

Constant buzzing in left ear. III., p. 174, l. 7.

One pimple on forehead and two behind left ear. III., p. 175, l. 13.

Shooting pains in both temples, and especially behind mastoid process. III., p. 176, l. 36.

All afternoon and evening very violent headache, so that he was unable to work; also shooting behind ear into jaw. III., p. 177, l. 47.

HAHNEMANN'S *Chronic Diseases* contains thirty-four ear symptoms.

LYCOPUS—lcp.

At noon, pain, steady and deep, in right parotid gland and at angle of right maxilla; burning of right ear for an hour or more. III., p. 132, l. 13.

MERCURIUS—mer.

Vertigo, roaring in ears, transient or dull pains in limbs and joints. III., p. 216, l. 16.

Frequent tinnitus aurium. III., p. 219, l. 46.

The headache was slight, but there was great roaring in ears; much vertigo and cloudy vision. III., p. 220, l. 24.

HAHNEMANN'S *Materia Medica Pura* contains thirty-four ear symptoms.

Mercurius—mr-c.

In afternoon, digging and shooting in left ear so severe that for three minutes he wept and cried aloud. III., p. 236, l. 32.

In left ear, which was painful, felt pulsation of the arteries. III., p. 238, l. 32.

Great pulsation in ears, especially left. III., p. 238, l. 43.

Tearing-shooting in back teeth, extending thence into ear; tearing as if in bone about left eye, near root of nose, and in other bony parts. III., p. 239, l. 35.

In evening, shooting in interior of left ear, and shooting in upper part of right chest. III., p. 240, l. 4.

Hahnemann's *Materia Medica Pura* contains one ear symptom.

Mercurius Cyanatus—m-cy.

Ringing in ears. III., p. 263, l. 40.

Vertigo and ringing in ears on sitting up. III., p. 263, l. 44.

Mercurius Iodatus Flavus—mr-f.

Soreness with sensation of stiffness (but without actual stiffness) in right side of neck, followed by slight pain in internal meatus of right ear, going through into throat and causing dulness in ear and sensation of swelling in the throat, with disposition to swallow frequently. III., p. 270, l. 25.

Mezereum—mez.

Pain in œsophagus, violent and general, very painful when swallowing, especially in uvula and soft palate; pricking pains as if swollen in left meatus auditorius; at same time rheumatic headache on left side—a kind of tearing. III., p. 294, l. 22.

On rising in the morning, tennitus in right ear; can hardly move right leg, knee felt weak. III., p. 295, l. 5.

Painful swelling on right concha above meatus; humming and buzzing in right ear. III., p. 295, l. 29.

Pain in right ear deep in meatus, a stitch still deeper; meatus of that ear more open than the other, feels swollen and relaxed, with head and eye symptoms. III., p. 296, l. 3.

Feeling of air in and distension of right meatus auditorius. III., p. 296, l. 30.

Feeling of wind howling in right ear. Meatus feels wide open, increased by yawning, relieved by inserting finger. III., p. 297, l. 29.

Ringing in right ear on yawning. III., p. 297, l. 34.

Sensation of air in ears, with pinching pain, worst in right ear. III., p. 297, l. 48.

Sensation as if right meatus were distended with air; later, same in left meatus, with feeling as if ear were stopped up. III., p. 298, l. 3.

Whilst walking, in warm weather, a long-continued feeling of dilatation in right ear, and coldness as if meatus were shortened and membrana tympani were exposed to cold air. III., p. 298, l. 43.

Drawing, pressive pain above and behind right ear, with feeling as if the part were suppurating, and as if the bone would be painful to touch, which it is not; aggravated by walking. It returned on going out at night, and was increased at every step. III., p. 298, l. 47.

Pinching in right ear. III., p. 299, l. 1.

Dull pressive pain above right ear superficially, as if in the bone or skin, extending to upper part of auricle, gradually becoming more severe and declining, undulating. III., p. 299, l. 8.

Shooting in left ear. III., p. 299, l. 14.

When lying, noise like a distant mill-wheel in left ear, going off on rising up. III., p. 299, l. 31.

Shooting in ears, especially left, in repeated short attacks. III., p. 300, l. 22.

When walking, ears felt as if stretched open, and the air penetrated coldly into them. III., p. 300, l. 38.

Confused head, vertigo, tinnitus aurium and hardness of hearing. III., p. 304, l. 20.

Much boring behind ear. III., p. 306, l. 31.

Burning, itching and tension on posterior aspect of lobe of left ear; on scratching, epidermis peels off in shreds half an inch in size. III., p. 308, l. 36.

Oft-recurring severe itching, compelling to scratch, and relieved by scratching, now here, now there, on almost all parts of the body, especially hairy scalp, and especially persistent and frequent in left external ear. III., p. 309, l. 39.

HAHNEMANN'S *Chronic Diseases* contains eight ear symptoms.

Millefolium—mil.

Ears seem stopped after dinner and all afternoon. III., p. 311, l. 6.

Drawing pain in left ear, and sensation as if moisture were flowing out of it. III., p. 311, l. 15.

Crawling in left ear, going off by boring in with finger. III., p. 311, l. 33.

Itching in right ear, not quite removed by boring finger in. III., p. 311, l. 44.

In left ear a fluttering as of a bat, so that she started with fright; then, on laughing, feeling as if cold air escaped from it. III., p. 311, l. 51.

Feeling of something before ears. III., p. 312, l. 47.

Morphinum Aceticum—mo-a.

Fulness in orbits and tinnitus aurium. III., p. 498, l. 15.

Intense but evanescent redness of face, surring of ears and palpitation, more rarely vertigo and vomiting. III., p. 512, l. 26.

Moschus—msc.

Roaring in both ears as from a strong wind; vertigo as if intoxicated; headache as if a weight lay on head, aggravated by movement, with confusion and want of memory. III., p. 315, l. 42.

In left ear a rustling and sensation as if a flea were in it. III., p. 316, l. 42.

Discharge of much wax from left ear; then from right. III., p. 318, l. 11, 19.

Hardness of hearing. A frightful noise in right ear as if a cannon were fired off, and some drops of blood came out. III., p. 318, l. 34.

Hahnemann's *Materia Medica Pura* contains one ear symptom.

Myrica—myr.

Smarting in eyes, dry throat, slight dizziness with nausea, ringing in left ear, aching excoriated feeling in posterior nares as if a fresh cold had been taken. III., p 324, l. 27.

Pressure with dull pain in head, worse in right temple, slight vertigo, ringing in ears, exceedingly irritable temper. III., p. 325, l. 16.

NAJA—naj.

Buzzing in ears. III., p. 328, l. 41.

Occasional whizzing in left ear, with insipid taste and some tearing in abdomen. III., p. 330, l. 14.

Awoke in the morning with bad headache and great noise in the ears, as if a mill were going in head. III., p. 133, l. 5.

Complete deafness and loss of feeling. III., p. 336, l. 36.

NATRUM MURIATICUM—na-m.

In the evening a ticking in left ear, as if from a watch. III., p. 346, l. 45.

In the morning pain in right ear, as if someone were pulling something out of it with a hook. III., p. 346, l. 46.

Loud ringing in ears, with gastric symptoms. III., p. 355, l. 9.

Bursting as of small bubbles, creaking and crepitation in right ear. III., p. 355, l. 36.

Cracking in left ear, with feeling as if tenacious moisture were flowing out of it; weakness of memory; great distraction; fine stitches in right meatus; tension in left sterno-mastoid, with simultaneous roaring in right ear. III., p. 356, l. 44.

Drawing pain in right ear, cracking in left, on swallowing; frequent yawning. III., p. 358, l. 40.

Gentle drawing in left tonsil, simultaneous cramp pain and roaring in left ear. III., p. 359, l. 27.

Boil on lobe of left ear, which pains very much; burst in six days, and discharged pus and blood. III., p. 366, l. 38.

Violent roaring in ears. III., p. 374, l. 17.

Ringing and roaring in ears, continues all day, and only at intervals alternating with feeling as if air were blowing into left ear. III., p. 374, l. 29.

Meatus of left ear swollen and painful to contact for two days. III., p. 376, l. 36.

In the afternoon—about 5 p.m.—dulness of head and ringing in ears. III., p. 385, l. 6.

About 4.30 p.m. suddenly felt violent pressive pain in frontal region above eyes, whole head felt dull, heaviness in occiput, with pulsation and stiffness in nape of neck; chiming and ringing as of bells in both ears, with feeling

as if he would fall to the ground in attempting to stand. III., p. 385, l. 11.

HAHNEMANN'S *Chronic Diseases* contains twenty-eight ear symptoms.

NATRUM SALICYLICATUM—n-sl.

Confusion of head, moderate sweat, transient roaring in ears and amblyopia. IV., p. 17, l. 29.

Constant noises in ears; watch heard only at two inches from either ear, and not at all on either side when in firm contact with zygoma or mastoid process. Recovery was only gradual during next fortnight. IV., p. 21, l. 24.

On awaking after three hours' sleep there was considerable midriasis with total blindness and deafness. There was no perceptible change to be detected in the sensibility of cornea, and no visible change in fundus oculi. On awaking after another sleep sight was found completely restored, but the midriasis and deafness continued for some days longer. IV., p. 21, l. 39.

She complained of buzzing noise in ears, some headache and great deafness; pupils extremely contracted. IV., p. 23, l. 31.

Slight deafness, singing in ears, and hallucinations of hearing. IV., p. 24, l. 14.

NITRUM (kali nitricum)—nit.

Slight dull hissing in ears. III., p. 59, l. 7.

Murmuring in ears as of running water, borborygmus, pinchings in transverse colon. III., p. 59, l. 28.

Strong tinnitus in left ear; pressure of flatus and feeling as if diarrhœa would set in; a few drops of thin fluid escaping with wind. III., p. 59, l. 32.

Beatings in left ear, synchronous with pulse. III., p. 63, l. 10.

HAHNEMANN'S *Chronic Diseases* contains thirteen ear symptoms.

NITRICUM ACIDUM—ni-x.

Pressure and heaviness in forehead, with darting pains in ears, and vertigo. I., p. 39, l. 41.

Drowsy, with neuralgic pains in right supra-orbital region and ear. I., p. 40, l. 19.

HAHNEMANN'S *Chronic Diseases* contains thirty-two ear symptoms.

NUX MOSCHATA—nx-m.

Some stitches in ears. III., p. 413, l. 6.

Pain in ear as if a not quite blunt instrument were pressed hither and thither in it. III., p. 413, l. 20.

Whilst driving in open air in evening had a painful feeling which seemed to go from inner ear to posterior wall of fauces, (Eustachian tube), as if a rough body were sticking there and were forcibly pressed out; the sensation commenced first in fauces, and then went to ear and thence to buccal cavity. III., p. 413, l. 40.

Single sharp pressures in left ear, appearing to increase by, and partly to depend on, movement of lower jaw. III., p. 414, l. 2.

Buzzing in ears, with symptoms of passive congestion of brain. III., p. 421, l. 44.

NUX VOMICA—nx-v.

During the night the senses of sight, hearing and touch acquired such an excessive sensibility that the slightest noise or touch excites convulsions. III., p. 428, l. 39.

On awaking early next morning feeling as if head would burst. He was so giddy he could neither sit nor stand; he had rushing sounds in his ears, intolerance of light and sound, and could not see. His face was tumid, and he looked besotted like a man reeling drunk. III., p. 433, l. 37.

HAHNEMANN'S *Materia Medica Pura* contains eleven ear symptoms.

OPIUM—opi.

After ten minutes confusion of head, increasing every minute; face meanwhile glowing and head sweating. Globes of both eyes felt pushed from within outwards; stabbing frontal headache alternated with drawing pains in internal ear. Head finally became so heavy that he was obliged to lie down at times, or he would have fallen. III., p. 462, l. 40.

Dimness of sight, as if looking through a veil, for ten minutes. Dulness of hearing in left ear for four minutes. III., p. 474, l. 28.

After twenty-five minutes confusion of head, with slight vertigo on looking to either side. Cheerful humour and increased acuteness of hearing. After hour and half out-pressing headache in temples and forehead.

Vertigo, with buzzing noise as of a bee, with stopped-up feeling in both ears, and diminished acuteness of hearing. Weariness of whole body; diminished mental power. III., p. 475, l. 50.

Headache, transient shoots in head, noise in ears, furred tongue, scanty stool, hot skin. III., p. 477, l. 35.

Roaring in ears; heat and sweat for ten minutes. III., p. 479, l. 8.

HAHNEMANN'S *Materia Medica Pura* contains three ear symptoms.

OSMIUM—osm.

Severe pain in left petorus bone above and behind ear. III., p. 534, l. 21.

Pain and ringing in right ear. III., p. 534, l. 22.

Earache, first in right then in left ear. III., p. 534, l. 47.

OXALICUM ACIDUM—ox-x.

Occasional pain in depth of ear as if in Eustachian tube, near throat, worse on right side. I., p. 48, l. 2.

Vertigo on looking out of window, as if he would fall through; fine stitches in left ear; tickling in throat and cough. I., p. 49, l. 12.

PACONY—paco.

Rush of blood to head with pressure and dull pain under forehead; one ear hot and the other cold. III., p. 541, l. 16.

Very acute shooting out at right ear in the morning. III,, p. 542, l. 33.

Pressive headache, with confusion; noises in ears; flickering before eyes; nausea, and several liquid stools. III., 542, l. 44.

PHELLANDRIUM—phl.

The ears itch, and there is painful tearing or boring in them. III., p. 552, l. 23.

Waked up at 5 a.m. by a sound in the brain as if one were beating on a freely swinging bell; it gradually died away. III., p. 552, l. 24.

PHOSPHORUS—pho.

Immediately after going to bed tinnitus for two hours, with palpitation of heart and feeling as if blood were too

restless to allow sleep; many disagreeable phantasms until she falls asleep. III., p. 562, l. 14.

Ringing and roaring in ears. III., p. 572, l. 35.

Boring, burning, sore pains in the bones, preventing sleep at night; they were particularly severe in the skull, the palatal and nasal bones, both jaws and teeth, which became loose as though they would fall out. There was a similar burning, sore pain in soft parts of mouth and throat, affecting also the orifice of Eustachian tube; the parts were bright red and slightly swollen, and she felt as if they were raw and covered with ulcers. III., p. 575, l. 12.

Burning, sore, boring pain in internal ear; a buzzing noise affecting the hearing; humming and ringing occasionally. Swelling of the concha, and slight swelling of right temporal and superior maxillary bones. Soreness of Schneiderian membrane; the openings to nostrils were covered with bloody scabs. Swelling of nasal bones, and unusual blowing from nose of blood and mucus. III., p. 575, l. 16.

Burning and tearing in right ear. III., p. 578, l. 10.

Vomiting or rather regurgitation without effort of nearly pure blood; very abundant epistaxis, and hæmorrhage from both ears; the blood from all being very fluid and coagulating with difficulty. III., p. 586, l. 27.

HAHNEMANN'S *Chronic Diseases* contains thirty-six ear symptoms.

PHYSOSTIGMA—phs.

Uncomfortable sensation in right ear, felt inclined to bore finger in; then eructation twice, each time causing sudden pain, running from throat along Eustachian tube to middle ear, leaving in latter a stabbing. III., p. 613, l. 18.

Severe pain in both mastoid processes. III., p. 614, l. 43.

Singing in ears like escaping steam, after lying down at night. III., p. 620, l. 8.

PHYTOLACCA—phy.

General soreness in posterior fauces, and apparent extension into one of the Eustachian tubes. III., p. 626, l. 37.

Sense of obstruction in left Eustachian tube, with rushing sound in left ear and feeling as if hearing were dull, when it is fully sensitive. III., p. 627, l. 43.

Dysphagia, even for water; every attempt to swallow was attended with excruciating shooting pains through both ears. III., p. 633, l. 40.

PLUMBUM—plb.

Transient pains in interior and in meatus of left ear. III., p. 643, l. 10.

Signs of paralysis, more marked on one side than the other; loss of hearing, smell and taste. III., p. 665, l. 14.

Sharp one-sided headache, with diminution of sight and hearing, especially on left side. III., p. 665, l. 28.

Frequent headache and slightly deaf on left side. III., p. 664, l. 32.

Shooting here and there in head, especially in right ear. III., p. 645, l. 35.

Slight anæsthesia of left side of face; left pupil more dilated than right; slight deafness of left ear with buzzing noises. III., p. 665, l. 35.

PODOPHYLLUM—pod.

Indescribable sick feeling all over, and a persistent dry rough sensation in pharynx and œsophagus, extending along right Eustachian tube, with dull aching in right ear. IV., p. 688, l. 32.

Headache; eyelids heavy; roaring and cracking in ears. IV., p. 689, l. 20.

PULSATILLA—pul.

At noon whistling in right ear with dulled hearing, and as if air forced the membrana tympani from within outwards. III., p. 689, l. 14.

During the day three or four times a noise like opening of the right ear. III., p. 689, l. 17.

Frequent closing of right ear. III., p. 689, l. 24.

Much nausea; much shooting in right ear. III., p. 690, l. 8.

Stitches deep in left ear. III., p. 690, l. 23.

Asthenopia and photophobia; tinnitus aurium as in cinchonism. III., p. 690, l. 34.

For two hours constant fluttering noise in right ear. III., p. 691, l. 10.

Hard drawing pains along right Eustachian tube for half an hour. III., p. 691, l. 23.

Feeling in left ear as if closed. III., p. 692, l. 21.

Pains in head and eyes, and as if paralysis of eye-lids, with frequent pains in ears drawing from within outwards, and feeling as if ears were closed. III., p. 692, l. 28.

Same, with snapping noise in ears, III., p. 692, l. 32.

Frequent sharp pains in right ear and temple. III., p. 692, l. 39.

HAHNEMANN'S *Materia Medica Pura* contains twenty-three ear symptoms.

RANUNCULUS BULBOSUS—rn-b.

Stitches in ears; tingling and stitches in hairy scalp, with dulling of the senses; slight shocks in occiput. III., p. 700, l. 45.

On awaking the usual pains in chest, and in one hour after the dose tearing in temples, stitches in ear; ptyalism. III., p. 701, l. 26.

In the evening mucus in throat, rheumatic pains here and there; pains in ears; writhing, rumbling and movement in intestines. III., p. 703, l. 11.

RANUNCULUS SCLERATUS—rn-s.

Boring pain behind right ear, with head and scalp symptoms. III., p. 704, l. 17.

Long stitches and continued drawing pressure in right meatus auditorius, and stitches in front of right ear. III., p. 704, l. 27.

Otalgia of right ear, with headache, and drawing in all teeth; pricking externally at tip of nose. III., p. 704, l. 28.

RHODODENDRON—rho.

Buzzing in left ear whole forenoon, loudest whilst whistling. III., p. 710, l. 16.

Tickling in left meatus, which boring with finger changes to pain, for an hour. III., p. 712, l. 37.

Feeling in left ear as if a worm were creeping into it. III., p. 713, l. 24.

Twitching pain in left ear and temple. III., p. 713, l. 25.

Throbbing in left ear. III., p. 713, l. 26.

Tearing sensation in right ear and its neighbourhood. III., p. 718, l. 26.

Periodical boring or drawing pain in and about ears. III., p. 715, l. 33.

Humming and ringing before ears. III., p. 718, l. 31.

Rhus Venenata—rs-v.

Frequent ringing in ear. III., p. 730, l. 14.

Jerking tearing in bone behind right ear. III., p. 730, l. 20.

Jerking, cutting, shooting in ear. III., p. 731, l. 8.

Ringing and rattling in right ear. III., p. 731, l. 9.

Great itching behind and within left ear. III., p. 731, l. 9.

Transient stitches right concha. III., p. 731, l. 14.

Constant tinnitus in right ear. III., p. 731, l. 26.

Itching of skin, with red spots; furuncles and moisture behind right ear. III., p. 731, l. 32.

A group of vesicles behind left ear. III., p. 732, l. 7.

Left ear thick and red, posterior surface of it, some itching on lower part, with swelling and irritation of nose and face. III., p. 734, l. 37.

Considerable deafness. III., p. 735, l. 23.

Back of ears swollen, and here and on lips vesicles were abundant; with painful swelling of face. III., p. 735, l. 42.

Rumex—rum.

Boring pain behind left ear. III., p. 742, l. 37.

Heavy throbbing in ears synchronous with pulsations of heart. III., p. 742, l. 46.

Sensation as if ears were obstructed, especially left; person's own voice, as well as that of others, seeming strange to him, and producing a kind of titillation in ear, and having a peculiar ringing confusing sound; while yet sense of hearing was as acute as ever. These symptoms continued through next day, attended by slight ring in ears, and which on the third day became constant roaring as from a shell, with feeling as if a fine thread were drawn tightly round neck just below ears. The roaring was not relieved by pressing finger into ear. III., p. 743, l. 14.

Sabadilla—sbd.

Painful boring behind left ear; in parotid glands, lower jaw and submaxillary glands. III., p. 752, l. 27.

Burning, creeping, shooting sensation behind ear. III., p. 752, l. 29.

Cracking in ear, and humming on pressing air into it. III., p. 753, l. 27.

Otalgia with cracking before ears. III., p. 757, l. 16.

Humming and buzzing in ears, and sometimes sound as if something heavy had fallen on floor and burst, after which the ears ring for a long time. III., p. 757, l. 16.

Dulness of hearing; feeling as if something were in the ears. III., p. 757, l. 19.

Violent shooting in left ear. III., p. 758, l. 41.

Salicynum—sln.

Persistent ringing in ears. IV., p. 13, l. 12.

In the morning mental dulness and look dull and heavy; was deaf, so that he could only hear watch when laid on ear; tingling in right ear near surface. Deafness lasted some days and only disappeared gradually. IV., p. 14, l. 25.

Salicylicum Acidum—sa-x.

Irritability of bladder; buzzing in ears, and slight deafness, followed by slight dizziness and headache, and singing in ears; considerable depression and langour. Conversation sounds distant and subdued; pupils considerably dilated; slight nausea; numbness and insensibility of scalp. IV., p. 17, l. 1.

Confusion of head; unsteady feeling and slight vertigo. Then he imagines he hears music; this wakes him up repeatedly; sometimes the sounds he heard were like the humming of a swarming of bees, or flies in the open air when all is silent. IV., p. 19, l. 20.

Buzzing in ears with difficulty of hearing and profuse sweat. IV., p, 20, l. 3.

Sanguinaria—san.

Vertigo, with singing in ears. IV., p. 29, l. 44.

Determination of blood to head, with wheezing in ears and gastric symptoms. IV., p. 29, l. 46.

Pains in ears, with headache; every stroke of a hammer in a neighbouring blacksmith's shop is painful in right ear. IV., p. 30, l. 13.

Beating under ears at irregular intervals, often only two strokes. IV., p. 30, l. 14.

Beating whizzing in left ear. IV., p. 30, l. 15.

Obstruction of nostrils, with soreness; roughness and rawness of right tonsil, which became painful and caused dysphagia; obstruction of Eustachian tube, difficulty in distinguishing sounds; roaring in ears. IV., p. 35, l. 13.

SENEGA—sng.

Dull pain in right ear and feeling of warmth in it. IV., p. 84, l. 6.

Giddiness, with buzzing before the ears; confusion in head; dimness of eyes; burning scraping in throat causing frequent swallowing. IV., p. 86, l. 40.

Dryness of eyes with feeling as if eyes were too large for their sockets; flickering, and swimming of the letters while reading; painful sensitiveness at hearing tunes he otherwise liked; weariness and slight trembling of upper limbs. IV., p. 88, l. 30.

Painfully pressive sensation in right ear when chewing. IV., p. 89, l. 48.

Slight blowing in ears, which are as if blocked. IV., p. 90, l. 26.

SEPIA—sep.

Noises in ears, with febrile and head symptoms. IV., p. 96, l. 19.

Thick yellow discharge from nose, both ears feel as if plugged, and he is a little deaf. IV., p. 102, l. 27.

HAHNEMANN'S *Chronic Diseases* contains thirty-six ear symptoms.

SILICA—sil.

Shooting and tearing in right ear, then in right shoulder joint. IV., p. 109, l. 15.

Roaring in ears, hardness of hearing suddenly coming and going. IV., p. 110, l. 25.

Shooting pain went down from left ear to root of nose, causing a stitch there. IV., p. 112, l. 31.

Stitches in ears. IV., p. 112, l. 41.

For two or three days hardness of hearing in right ear, occasional tinnitus, persistent coryza, great dis-

charge of thick whitish mucus from nose, which is, however, always stopped up. IV., p. 113, l. 12.

HAHNEMANN'S *Chronic Diseases* contains thirty-nine ear symptoms.

STRAMONIUM—str.

Tearing pain in right ear, with shooting through forehead and vertex. IV., p. 141, l. 16.

Continual ringing in ears, and looseness of bowels with flatulence and borborygmus and occasional sharp pains, continuing nearly a week after omitting the medicine. IV., p. 141, l. 35.

Hallucinations of sight and hearing—turning head as if called by a voice beside them; with squeaking voice. IV., p. 157, l. 44.

Head felt full and as if bursting; there was loud roaring in ears, and hearing was nearly lost. IV., p. 166, l. 38.

HAHNEMANN'S *Materia Medica Pura* contains two ear symptoms.

STRYCHNINUM—sty.

Dizziness, humming in ears; general coldness, especially in sacral region, which feels as if it were iced. III., p. 440, l. 29.

On rising in the morning severe headache, with sensation on stooping as if head would burst; feeling of intense fulness in ears; extreme chilliness and drowsiness; shooting pains under jaws and in muscles generally; dull shooting pains in glands of neck and behind ears; intense itching of nose as if in the bone, lasting the entire day. III., p. 441, l. 17.

Burning in left ear and eye; vacant feeling and forgetfulness; tight stiff sensation up the spine when bending head down, with severe pain in head generally and behind ears, and feeling of stupor and drowsiness. III., p. 441, l. 24.

Digging pains in left ear. III., p. 442, l. 37.

Sudden burning heat in left ear and along lower jaw of same side; throat painful and sore with redness and slight swelling. III., p. 442, l. 37.

At night intense burning and itching of ears, nose, and eyes; next day burning and tingling in nose, ears and lips. III., p. 444, l. 47.

Increased acuteness of hearing. III., p. 450, l. 23.

Every morning boring pain in occiput, slight vertigo, and noise in the ears. III., p. 450, l. 44.

All sounds caused a "deafening noise" in his ears. III., p. 452, l. 32.

Skin of both arms and forearms, and of palms and soles, became exquisitely tender to touch, so that he could not bear to walk, with considerable tendency to reflex muscular contractions. But the most distressing symptom was the painful effect which any sound made upon the ear; it was not that sounds were heard at all more distinctly, but that the slightest sound occupied the woman's whole hearing faculty—so to speak—and anything like a multiplicity of impressions on the auditory nerves became positively painful. III., p. 453, l. 3.

SULPHUR—sul.

Much tinnitus, like humming and buzzing in head, for several days. IV., p. 172, l. 11.

Raw pain in anus, and a peculiar roaring in ears. IV., p. 175, l. 11.

Painful pimple on right ear, lasting four days. IV., p. 176, l. 25.

Dryness in mouth and throat, and aching in left eye; after dinner deafness of left ear. IV., p. 177, l. 9.

At night in bed rush of blood to head with heat and confusion in it; noise as of water boiling out at both ears, and frequent painful drawing in right ear. IV., p. 181, l. 45.

Loss of appetite, vertigo, confusion of head, dimness of vision, constant sweating, and frequent itching in left auditory meatus. IV., p. 182, l. 35.

In addition to violent piercing cramp-like pains deep in orbits, had a violent cramp-like tensive pain close to right mastoid process which seemed to pierce into the deepest parts of the bone, followed by same pain in left mastoid process. IV., p. 183, l. 31.

In evening itching behind right ear, where several scattered pimples had formed. IV., p. 195, l. 18.

Itching in right concha. IV., p. 195, l. 22.

Boring pains in meatus auditorius. IV., p. 195, l. 22.

Copious secretion of ear wax. IV., p. 195, l. 23.

General lassitude, confusion of head, and intolerance of noise. IV., p. 205, l. 49.

Ringing in ears, nose much stopped up. IV., p. 210, l. 1.

Roaring in ears all day. IV., p. 219, l. 44.

On chin, neck, shoulders, and behind ears, many pimples appeared. IV., p. 223, l. 38.

About noon, drawing left side of lower jaw towards articulation, and for half-an-hour teasing aching in left ear. IV., p. 227, l. 12.

In the evening some transient stitches behind left ear; much itching of skin generally, and pimples on right leg. IV., p. 233, l. 11.

Afternoon and evening, aching pain in right ear, in external meatus, towards membrana tympani. IV., p. 239, l. 46.

Towards evening, in open air, some dull, hot, tensive shoots through right external meatus. IV., p. 242, l. 5.

In the morning, itching of scalp; small pimples on nape and behind ears; sudden burning pain in anus. IV., p. 245, l. 18.

General tremor; head seemed to him distended, with loud noises in ears, and as if head and ears were stuffed; boring pain over left eye, and itching of arms and legs. IV., p. 246, l. 11-21.

HAHNEMANN'S *Materia Medica Pura* contains seven ear symptoms; and his *Chronic Diseases* thirty-five.

SULPHUR IODATUM—su-i.

Itching, tingling and buzzing in ears. IV., p. 251, l. 6.

Singing in ears. IV., p. 251, l. 39-46.

TABACCUM—tab.

Some stitches in left ear. IV., p. 254, l. 9.

Drawing in ears, increased by loud noise and by going into open air, lasting several days. IV., p. 254, l. 20.

Confusion of head and dull pressure out towards root of nose, and feeling as if ears were stopped up. IV., p. 254, l. 36.

Shooting in ears. IV., p. 255, l. 44.

Ears are burning hot and red. IV., p. 255, l. 45.

Tickling in ears. IV., p. 256, l. 54.

Humming in left ear. IV., p. 256, l. 54.

Shooting in ears from music. IV., p. 257, l. 39.

Violent palpitation, with synchronous throbbing in head, buzzing in ears, dryness and scraping in throat. IV., p. 261, l. 1.

Increased flow of secretion from eyes, nose and mouth, with feeling of tightness in head as of a band round it; disturbance of vision, with tinnitus aurium and vertigo. IV., p. 263, l. 43.

Humming and roaring in ears, vertigo, stupefaction, headache, sleeplessness, anovenia, with gastric and other head symptoms. IV., p. 266, l. 21.

Noises in ears, with mental dulness, confusion, &c. IV., p. 268, l. 8.

By any ordinary noise he was startled or thrown into tremor, and was afraid to be alone at night. IV., p. 273, l. 43.

Hearing extremely dull and almost total blindness. IV., p. 277, l. 43.

Imperfect hearing, with feeling as if ears were stuffed with cotton wadding; indistinct vision, great sensitiveness of eyes to light; feeling of foreign body sticking behind sternum, and other gastric symptoms. IV., p. 279, l. 44.

Tanacetum—tan.

Stitches in inner ear; roaring in ears; sensation as if something closed ears very suddenly. IV., p. 283, l. 29.

Ringing in ears and dizziness. IV., p. 285, l. 50.

His own voice had a strange sound in his ears. IV., p. 286, l. 22.

A sound near the animal's (rabbit) ear made him start, as in poisoning with *strychnia;* evidently sense of hearing was more acute. IV., p. 288, l. 25.

Tellurium—tel.

In morning pricking dry feeling in fauces, worse in left side; in forenoon this ceased in left side, and became worse in right, and was aggravated by empty swallowing, by which the pain extended to right ear, making it feel stopped up; the stopped up feeling recurred more than once in one ear or the other. IV., p. 291, l. 44.

Along with pain in fauces, nose and sacrum, an occasional catching of air in left Eustachian tube. IV., p. 292, l. 2.

Itching, burning and swelling in left ear. IV., p. 295, l. 21.

Aching and throbbing pains in external meatus, and in the course of three or four days a copious watery discharge from the ear, smelling like fish-pickle. The discharge was offensive and acrid, and caused a vesicular eruption on lower lappel of ear and on neck wherever it touched the skin. The inflammation of the ear generally was not vesicular. The colour was a bluish-red, and the ear had the appearance of being infiltrated with water. It lasted nearly three months. On examination afterwards the membrana tympani was found irregular, thickened in some parts and thin in other portions—the results of perforation and citrisation. IV., p. 295, l. 22.

TEUCRIUM—teu.

On passing his hand through his hair and over right ear a hissing noise occurred in latter, passing down parietal bone and throughout internal ear. At times quite a fine ringing in right ear, when blowing nose a peculiar squeaking note, as if air were forced through mucus; after that the ear remains as if blocked for a little while and then re-opened with a dull sound. IV., p. 306, l. 25.

A similar hissing sound when speaking or merely uttering a fine or strong note; also on simply forcibly inhaling through nose. IV., p. 306, l. 27.

A dry, scaly eruption on right ear lobe; skin is cracked and gradually peels off in small white flakes; the part is sore and painful to touch. IV., p. 306, l. 33.

Some pain in both ears; stitches in left ear; stitching tearing in interior of left ear. IV., p. 308, l. 15.

THUJA—thu.

A continued squeezing, sticking pain in concha of left ear; and a piercing stitch in left hypochondrium. IV., p. 312, l. 21.

Pain in right posterior cervical and dorsal muscles, with a whizzing and buzzing noise in right ear. IV., p. 317, l. 17.

Whizzing in left ear. IV., p. 318, l. 8.

Periodical pinching in mastoid process of right side and in calf of left leg. IV., p. 319, l. 18.

In evening continuous drawing tension below left mastoid, accompanied with occasional drawing in left frontal

eminence towards temple, and with a roaring in left ear. IV., p. 320, l. 22.

After dinner he suddenly felt a shrill ringing in right ear which, after a few hours, as suddenly changed into a dull buzzing and groaning; the latter sensation gradually changed to a noise as of a bubbling liquid, which continued all night. IV., p. 326, l. 4.

A slight pain in right side of pharynx extending to ear, somewhat aggravated by swallowing. IV., p. 328, l. 14.

In the morning and at noon feeling of stoppage of left ear, with diminished power of hearing, each time lasting several minutes. IV., p. 328, l. 36.

In the evening drawing tearing in left mastoid process, and then in both eye balls, where the pain ceased. IV., p. 339, l. 12.

A furuncle formed behind right ear, continuing a long time and forming a scale from which exuded a glutinous. This soon dried and fell off when another formed; it was sensitive to touch, and lasted four whole weeks. IV., p. 340, l. 29.

All night stitching from right relium palati into internal ear; secretion from Schneiderian membrane increased. IV., p. 346, l. 15.

Slight drawing behind right ear and some constriction in the ear; ache in forehead, which after an hour merged into a sensation as if a wedge were driven into temple. IV., p. 351, l. 14.

After dinner drawing behind right ear, with single stitches in mastoid process. IV., p. 352, l. 48.

In the evening frequent slight drawing from right mastoid process downwards. Afterwards single flying very painful stitches from depth of right ear through external ear. IV., p. 354, l. 31.

In the morning, feeling of fulness with stoppage in right ear without pain, and frequent sneezing, which returned in the evening, soon after which pretty violent itching in both nostrils towards point of nose, after a short continuance of which a secretion of thin mucus followed. IV., p. 354, l. 37.

As he came in at night from the cold air into a room he felt a very violent stitch in right ear from without inwards, which compelled him to hold his breath, and left ear was sensitive for a while. In the morning

another but less severe attack of the pain in the ear came on. He had a sensation in the ear as if free access of air was prevented, but without the slightest diminution of hearing. In forenoon the ear was well again; but after dinner he had the feeling as if the external organ were filled with water, similar to the sensation felt when one dips one's head under water. IV., p. 355, l. 47.

Pressure on root of nose, drawing off towards ears, where it produced tension in auditory passages and stoppage of ears. IV., 358, l. 3.

On coming into the room from the open air in afternoon he had for some time painful thumping and roaring in both ears. IV., p. 360, l. 47.

Violent buzzing in ears, lasting several hours. IV., p. 367, l. 40.

Ringing in ears, frequently during the day. IV., p. 371, ll. 7—12.

HAHNEMANN'S *Materia Medica Pura* contains ten ear symptoms.

URTICA—urt.

Awakened at four a.m. by formication, heat, numbness and smarting of skin of face, arms, shoulders and chest; lips, nose and ears swelled, and eyelids became œdematous as if full of water and closed. IV., p. 379, l. 40.

VERATRUM VIRIDE—ve-v.

Ringing in ears, and movement quickly brings on deafness. IV., p. 401, l. 40.

At night in bed itching in left malar prominence, in orifice of left ear, and in left groin. IV., p. 402, l. 11.

Fulness in left ear with continued beating of carotids; he could hear the beat distinctly. IV., p. 406, l. 50.

Numb constrictive pain in forehead pressing back to ears, sensation as if membrane tympani would break. IV., p. 407, l. 28.

VIBURNUM—vib.

Sharp jerking pains in ears like stabbings with a sharp knife, lasting nearly an hour. IV., p. 421, l. 16.

Several nights awoke with great pain in ears, deep in the bone; external ear sore as if bruised; had to rub the ear, and felt as if she must straighten it—the sensation being as if it were pinned to the head; she could not lie

on the affected side, but after lying on the other would be awakened with a similar feeling in that ear, and was compelled to change positions many times during the night. IV., p. 422, l. 13.

VIOLA ODORATA—vi-o.

Dislike to all music, even the violin. IV., p. 425, l. 11.

Roaring and ringing in ears. Shooting out at left ear.

Pressive pain behind left ear, externally.

Drawing and stretching in left ear, externally. Transient deep stitches alternately in both ears, especially left. IV., p. 426, l. 2.

VIOLA TRICOLOR—vi-t.

Itching needle pricks behind left ear. Pressure on membrana tympani from without inwards. IV., p. 426, l. 43.

XANTHOXYLUM—xan.

Dull pain in right ear and articulation of inferior maxilla, of indefinite character, lasting two hours and gradually ceasing. IV., p. 430, l. 50.

Ringing in ears, particularly the right. IV., p. 431, l. 4.

Darting pain under and behind right ear. IV., p. 431, l. 28.

Nausea and dizziness as well as loud noise, at times resembling a windmill, in left ear, at other times like a loud bell ringing at a distance in left ear. IV., p. 436, l. 1.

Noise in right ear, sometimes as a loud ringing, at other times as of a valve continually opening and shutting. IV., p. 437, ll. 21, 49.

Headache—roaring in ears. IV., p. 438, l. 27.

Noise in both ears, and numbness through all limbs. IV., p. 438, l. 50.

ZINCUM—zin.

Wax more copious and fluid in left ear, interfering with hearing; pulse beats heard more distinctly; they cause a rushing noise in ears. IV., p. 444, l. 16.

Great burning and itching of left ear, that continued all day. IV., p. 451, ll. 1, 10, 17.

Nausea, slight giddiness, black specks before eyes, and rumbling noises in ears. IV., p. 452, l. 11.